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Public Health

The Medical Officer of Health

City & County of Bristol

R C WOFINDEN, MD, BS, DPH, DPA



REPORT FOR
1964

**THE
HEALTH OF BRISTOL
IN 1964**

THE HEALTH OF BRISTOL IN 1964

CONTENTS

	Page
MEDICAL OFFICER OF HEALTH'S INTRODUCTION - - -	5
HEALTH COMMITTEE AND SENIOR STAFF - - - - -	13
VITAL STATISTICS AND EPIDEMIOLOGY - - - - -	14
GENERAL PREVALENCE AND CONTROL OF INFECTIOUS DISEASES - - - - -	19
MATERNAL AND CHILD WELFARE SERVICE - - - - -	32
NURSING SERVICES - - - - -	49
HEALTH EDUCATION - - - - -	60
THE MENTAL HEALTH SERVICES - - - - -	63
THE AMBULANCE SERVICE - - - - -	84
CARE AND AFTER CARE—OCCUPATIONAL HEALTH SERVICE -	89
ENVIRONMENTAL HEALTH SERVICES - - - - -	105
REPORT OF THE SCIENTIFIC ADVISER - - - - -	150
MISCELLANEOUS REPORTS :	
THE WILLIAM BUDD HEALTH CENTRE - - - - -	158
THE ST. GEORGE HEALTH CENTRE - - - - -	164
BRISTOL HOME SAFETY COUNCIL - - - - -	174
VETERINARY INSPECTORS' ANNUAL REPORT - - - - -	176

THE HEALTH OF BRISTOL IN 1964

My Lord Mayor, Ladies and Gentlemen,

I have the honour to present my ninth Annual Report on the health of the City and County of Bristol, which is compiled in accordance with Ministry of Health Circular 1/65.

Demographic Data

There was a further decline in the population from 433,920 in 1963 to 432,070 in 1964. There was a fall of 123 to 7,517 in the total number of births, and a fall of 36 to 665 (8·8 per cent) in the number of illegitimate births.

The death and infant mortality rates were the lowest since 1961 and the perinatal mortality rate (22·5 per 1,000) was the lowest recorded. Coronary and other forms of cardiovascular disease caused 33·5 per cent of deaths, malignant disease 19 per cent, vascular lesion of the nervous system 15·9 per cent, and pneumonia and bronchitis 10·4 per cent.

Infectious Diseases and their Prevention

For the fifteenth consecutive year there was no case of diphtheria and for the third year none of poliomyelitis. About 70 per cent of children have been immunised against diphtheria, but only between 50 and 60 per cent against poliomyelitis.

There were 1,763 notifications of measles, and in anticipation of larger numbers in 1965, parents of children born in 1963 were asked to take part in a trial of the effectiveness of different kinds of measles vaccine. About one-seventh of the eligible children participated, 512 acting as controls, 271 receiving killed vaccine followed by live vaccine and 307 receiving live vaccine only.

There were 315 notifications of whooping cough (compared with 332 in 1963 and 163 in 1962), forty-four in people with a record of immunisation, and one unimmunised child, aged nine months, died. The increase in the last two years may be associated with the emergence of a strain of *haemophilus pertussis* not represented in some strains commonly used for preparing vaccines, and the eight strains sent from Bristol for examination by Dr. N. W. Preston were of serotype 1, 3, a finding in accordance with investigations in other areas.

There were 149 new notifications of tuberculosis, compared with 142 in 1963 and 131 in 1962. Of all notifications (208 in 1964), 33 were in immigrants, people from Ireland and Pakistan being most susceptible. There was an increased incidence of this disease in central twilight areas of the City where multiple occupation is common. Routine Heaf testing of volunteers for B.C.G. vaccination showed that 7·6 per cent of eligible school children had come into contact with tuberculosis disease and probably acquired naturally some degree of resistance to infection. It is gratifying to report that over 80 per cent of parents of children of this age accepted the offer of vaccine which will confer protection for up to 10 years.

There were 133 notifications of infectious hepatitis compared with 117 in 1963 and 283 in 1962. Mr. W. A. Rightsel and colleagues at the laboratories of Parke,

Davis and Company, Detroit, claimed to have isolated virus by cell culture from a Bristol patient. These results were not confirmed in similar studies carried out by Dr. M. H. Hatch at the Communicable Disease Centre of the United States Public Health Service, at Atlanta, Georgia.

Foreign Travel

Of 2,378 people who attended the clinic during the year, 46·8 per cent were going abroad on holiday, 25·8 per cent were travelling on business and 12·1 per cent were emigrating. About 60 per cent proposed to travel by air, and attendances were highest in July and lowest in November. An analysis of international certificates for vaccination showed that general practitioners in the City still undertake more than twice the volume of work carried out in this clinic.

With the growth of foreign travel, it is disappointing that only about 10 per cent of children were vaccinated against smallpox between 1 and 5 years of age, the period when primary vaccination is safest.

Venereal Diseases

The number of patients referred to the special treatment clinics rose from 2,448 to 2,697 between 1955 and 1962. The number of new cases of gonorrhoea increased steadily, but in 1962/63 the trend was reversed. Unfortunately there was a 10 per cent rise in incidence in 1964 compared with the previous year. The percentage of immigrant male patients with gonorrhoea has fallen from a maximum of 63 in 1962 to 43 in 1964, and the percentage of women patients who are immigrants has fallen from 19·9 in 1962 to 12·3 in 1964. There was a further increase in the number of young persons of both sexes under the age of 20 years who were treated for gonorrhoea in 1964. Ten per cent of all male patients and 34·5 per cent of all female patients were under the age of 20 years.

Maternal and Child Health

Among the broad public health objectives in child bearing it is desirable that the mother should have good health during pregnancy, a safe and not unpleasant delivery, and to be free from subsequent maternal morbidity. The baby should be born alive, undamaged and capable of achieving good physical and mental development.

In 1964, 32·2 per cent of expectant mothers sought ante-natal care in the first 12 weeks of pregnancy, 29·1 per cent between 12 and 16 weeks, but 6·5 per cent reported after 28 weeks. These statistics show an improvement over the position in 1963, but our aim remains to encourage all expectant mothers to seek care as soon as they realise they are pregnant.

Recent national reports have indicated that much remains to be done in saving lives of mothers and babies. There were two maternal deaths in Bristol during the year in women over the age of 30 years, booked for hospital confinement. The risks to the infants are higher for first babies, for fourth and subsequent babies, and for babies born to mothers over 30 years of age, although the report of the Chief Medical Officer of the Ministry of Health for England and Wales, 1963, pointed out that 16 per cent of primigravidae, 41 per cent of women expecting a 5th or later child, and 31 per cent of those over 35 years of age, were in fact delivered at home. The comparable percentages for Bristol mothers were 7·1, 14·3 and 12·9.

The Health Committee has given consideration to the provision of additional day nursery accommodation in the central areas of the City and it is hoped partial temporary relief in the grounds of Ashley Road Day Nursery. An interesting development in recent years in other parts of the City has been the establishment of non profit making playgroups who appoint whenever possible a leader with experience of young children either as a teacher or nursery nurse.

Anxiety is felt about the immigrant children living usually in houses in multiple occupation, whose mothers are at work, and for whom arrangements for care are unsatisfactory. When both parents are working these children would not normally qualify for admission to a Corporation day nursery, but it is hoped that some voluntary body might make provision for group care.

With the opening of the St. George Health Centre and local general practitioners attending Clifton Clinic, the total number of centres and clinics in which general practitioners undertake ante-natal care of their patients was 15, and the number of general practitioners participating was 95. Thirty general practitioners undertook child welfare work in 9 centres and clinics.

The Early Ascertainment of the Handicapped Child

Details of congenital abnormalities have been given on birth notification forms in Bristol since 1962 when 146 children were notified, of whom two were later found to be normal. In 1963, 163 were notified, of whom three were subsequently found to be normal and in 1964, 145 abnormalities were notified and all were subsequently confirmed. During 1964, four children were born with thalidomide type reduction abnormalities of their limbs, but no cause for the condition was discovered.

Many congenital abnormalities do not become apparent until the child is three or four years old or later, especially renal tract abnormalities, blood dyscrasias, epilepsy, mental retardation and in some cases acyanotic congenital heart disease. Although these abnormalities are rare there is a need for regular medical examinations for children in the first five years of life. Child welfare clinics are well attended by mothers with infants, but attendances fall later, probably associated with the need to care for other children in family.

All health visitors undertake routine screening tests for congenital dislocation of the hip, and for phenylketonuria. Two routine tests are carried out for phenylketonuria, the first at the primary visit between 10 and 14 days and the second at the age of 4—6 weeks. Testing was introduced in November, 1961, and in 1964 a positive result was confirmed, but after a full investigation it was decided that the condition was a harmless variant of phenylketonuria.

Towards the end of the year health visitors not previously trained in screening tests to detect deafness of hearing in infancy were given courses of instruction. Five young children were diagnosed as severely deaf and were included in the group at risk whose mother suffered from German measles in early pregnancy. In addition a child was found to be slightly deaf whose mother received an injection of gamma-globulin following contact with German measles, but unfortunately subsequently developed the disease.

During the year a survey was carried out by health visitors on a 1 in 10 sample to determine how many children have delayed speech development. Any child of

three years who was not using sentences was seen by the Speech Therapist, and of sixteen children examined nine still had defective speech and six had a gross failure to communicate. The survey indicates that there might be altogether 60 children handicapped in this way in Bristol, and although some are backward, deaf, or have suffered brain injury, all can be helped by workers from the respective fields. It is now possible to offer full time attendance in the 10 place unit for young children with speech difficulties at St. James and St. Agnes nursery schools.

Health Education

There has been a steady development in the health education service, and during the year nearly 1,300 talks were given by members of the staff. The clinic for the control of cigarette smoking was established in June, 1963, and up to the end of 1964, 199 people had attended. Unfortunately one-fifth failed to report for the second session, but of those who attended the full course of 4 lecture discussions, 70 per cent greatly benefited. In May, 1964, the report of the Joint Committee of the Central and Scottish Health Service Council (of which I was a member) on Health Education was published, and although many of the recommendations have been accepted in Bristol for several years, others, including a proposal that there should be greater opportunities for training health educators, have stimulated members of the staff for future developments.

The Bristol Home Safety Council, which works in close co-operation with the Health Education Section of the department, studied the report on "Accident Prevention and Life Saving" by the Royal College of Surgeons; organised in co-operation with the St. John Ambulance Association an essay competition on the prevention of home accidents, and the Council was awarded a gold medal prize at Bristol Flower Show, for an exhibit on accidents likely to occur in the garden. Safety in and around the home was featured in the health education activities in city clinics. During the summer months "Water Safety" was the main theme, and in the autumn and winter the emphasis was on "Firework Safety and Fire Prevention."

Mental Health Services

During the year residential accommodation under Section 6 of the Mental Health Act was opened. Forty-six boys and girls were admitted to the short-stay unit for mentally handicapped children established in association with the Bush Training Centre, for periods ranging from one night to three months, and as a consequence many parents had benefited greatly by being free from the continual strain of managing a subnormal child. Two hostels, Devon House for 14 men and women recovering from mental illness, and Marlborough House for 24 subnormal men, were also opened. The demand for residential accommodation was less than anticipated and, with the exception of a home for mentally disordered old people, the Committee decided to defer for the time being the provision of any further similar accommodation.

There has been a heavy demand for adult places at the Bush Training Centre which although designed for 150 already has 189 names on its register. It is hoped that a small sheltered workshop, opened in August, 1964, at Marlborough House will relieve part of the pressure. The junior training centre was designed to accommodate 200 trainees, and at the end of 1964 had 164 names on its register.

The Bush Training Centre swimming pool provided as a joint project by the Marlborough House Parent-Teacher Association, Bristol and District Society for Mentally Handicapped Children, and the Mr. Pastry Swimming Pool Fund, was officially opened by the Lord Mayor on 30th April and handed over to the Health Committee.

In February the offices of the mental health section were transferred to more adequate accommodation, formerly occupied by the Welfare Services Department.

Ambulance Services

During the year 182,266 patients were carried, an increase of about 12,000 compared with 1963 and more than 50,000 compared with 1952 when the service came under the direction of the Department of Public Health. The mileage covered was 834,007. In June the Chairman of the Health Committee and Officers of the Department met representatives of the Board of Governors of the United Bristol Hospitals, the South Western Regional Hospital Board, and the main Hospital Management Committees in the City, to discuss out-patient appointments and their general effect on the ambulance service. Members of the Committee and officers visited Leeds and Bradford to inspect Central Ambulance Stations. The telephone installation in the central control room was simplified, and experimental use was made of a Mufax facsimile system to speed communications with Bristol Royal Infirmary.

Despite increasing traffic congestion 79·9 per cent of all emergencies were reached by the ambulance within 10 minutes, and 94·6 per cent within 15 minutes. The peak hours for emergency calls were between 12 noon and 6 p.m., and between 11 p.m. and midnight. With the co-operation of the United Bristol Hospitals, direct communication is now possible between ambulances and medical and nursing staff in the casualty department of the Bristol Royal Infirmary, and jet bandaged pneumatic follow-up splints have been purchased for ambulances.

Occupational Health Service

After an approach from staff representatives a health service for Corporation employees has been established, and in November a Senior Medical Officer on the staff of the Department of Public Health took up his duties. Control will be exercised by a Joint Occupational Health Sub-Committee of the Staff Advisory Committee containing representatives of the employees nominated by the Establishment Committee, and of the staff nominated by the appropriate unions.

Voluntary Organisations

The Bristol Tuberculosis Voluntary Care Committee purchased a new 5-berth penthouse caravan, and from May onwards 19 adults and 13 children had much needed holidays at Budleigh Salterton.

The Advisory Service and Club for the Newly Widowed established by the Bristol Council of Social Service in 1963 gained strength, and in November, 1964, 35 ladies were regularly attending the Club.

The care of the elderly

Of 4,262 people assisted by the home help service in 1964, 3,460 (81·2 per cent) were aged, infirm or elderly chronically sick. District nurses paid 227,484 visits and of 1,829 patients receiving treatment at the end of the year, 56·2 per cent were women and 17·7 per cent were men, aged more than 65 years. During the year 3,699 patients, mainly elderly, received clinic chiropody treatment and 1,261 were treated in their own homes.

Some indication of the adequacy of community health and welfare services is obtained from a study of the number of occasions on which it is necessary to obtain orders for the removal of elderly people to Corporation homes or hospitals. In Bristol in 1964, only 6 people were involved, five of whom were women, with ages ranging from 74 to 93. One elderly lady died suddenly before she could be admitted to hospital and two others died within two weeks of admission. The remaining three people settled down happily in their new surroundings, two in an old persons' home and one in hospital.

Old people's health visitors carried out valuable field work, visiting 2,709 elderly and chronically sick people, of whom 2,485 were aged 65 or more and 337 had suffered from strokes. They worked in close co-operation with general practitioners and of 472 people who were referred to hospitals for admission, 194 were admitted but 36 died awaiting admission. Of 278 people referred for admission to old people's homes, 54 were admitted and 1 died awaiting admission. Members of the nursing staff were given low-reading thermometers and a few cases of accidental hypothermia among old people were reported by general practitioners.

A policy making committee for geriatric services for the Bristol Clinical Area has for some time been considering the appointment of a Consultant Physician who would be designated as co-ordinator of geriatric services and his salary paid by the Board of Governors of the United Bristol Hospitals, the South-Western Regional Hospital Board and the Health and Welfare Services Committees of Bristol Corporation. In February the policy making committee recommended that the post should be re-advertised and made more attractive, firstly by including clinical activities in the teaching hospital, the provision of facilities for an assessment clinic and the assessment of inpatients and secondly by the provision of 12 beds at Manor Park Hospital to form the nucleus of a psycho-geriatric unit.

The Health Committee accepted these amendments but in March the Welfare Services Committee informed the Regional Hospital Board that they were prepared to co-operate in the matter of geriatric services but in the light of the revised proposals they were not prepared to provide financial assistance. The Chairman of the Welfare Services Committee and the Welfare Services Officer were still invited to meetings of the policy making committee because of the importance of the best use of hospital and community services.

Environmental Hygiene

Despite shortages of staff an increased number of visits was paid by District and Specialist Inspectors in connection with legislation of housing, food and drugs, meat, rodent control, and offices and shops, and clean-air. The Aberdeen typhoid outbreak and the publication of the Milne Committee's Report highlighted the importance of adequate supervision for food premises, and there was a greatly

increased number of complaints about canned meat and meat products received from members of the public; a total of 83 from June onwards.

The incidence of tuberculosis in English cows was 0·045 per cent, in English steers 0·008 per cent, and in Irish steers and heifers 0·11 per cent. The incidence of cysticercus bovis again showed a considerable fall in "best" cattle from 0·46 per cent to 0·12 per cent (Irish cattle being more frequently infected than English) and in cows from 0·2 per cent to 0·08 per cent. Of 87 sewer swabs taken from slaughter-houses in the City, 10 were found to contain salmonella, an indication of the relationship of this very common food poisoning organism to meat.

In the housing section investigations of individual unfit houses enquiries made on behalf of the Town Clerk, in connection with improvement grants, and matters connected with the Rent Act have continued at the expense of clearance of unfit property and general housing services. It is depressing, at a time of acute housing shortage, to find so many houses void and abandoned, only a proportion being situated in areas scheduled for early redevelopment. The time is opportune for a new look at standards of fitness and overcrowding.

The Bristol No. 7 Smoke Control Order which affected the Sneyd Park and Stoke Bishop districts became operative on 1st October. As a result of Ministry of Housing and Local Government Circular 69/63, open grate gas coke which had been the basic fuel in assessing smoke control needs, could no longer be regarded as the main replacement for raw coal in smoke control areas. Whereas the provision of an inset open coke grate with gas ignition costs £5—£10, the cost of an openable stove, or an underfloor draught fire or a gas convector heater or electric storage heater is about £30. Fortunately in Bristol the Health Committee have not allowed increased financial operations to affect the clean air programme, and higher grants are being paid in respect of more expensive and more efficient appliances.

On 1st May, 1965, provision of the Offices, Shops and Railways Premises Act, 1963, came into force in respect of the registration of premises, and on 1st August, 1964, the main provisions of the Act became operative. Although every effort was made to inform the general public about the need for registration it is estimated that of the 6,000 premises in the City liable for registration, applications concerning only 4,686 were received by the end of the year.

Health Centres

The number of patients on the lists of practitioners attending the William Budd Health Centre have increased from 9,472 in 1952 when the Centre was opened to 12,157 in 1964, part of the increase being caused by patients transferring from the doctors' main surgeries situated around the periphery of the Knowle West housing estate. On St. George's Day, 1964, the St. George Health Centre was opened by the Rt. Hon. Lord Taylor, M.D., B.Sc., F.R.C.P. Eight general practitioners in two practices use the Centre as their main base and several of the features of the William Budd Centre have been incorporated. In addition special telephone arrangements have been made; medical records of patients are placed in family folders; an appointments system has been established; and men and women approaching retirement age are invited for medical examinations. Preliminary observations suggest that only about one-fifth of patients attending surgeries are men of working age, and it is possible that afternoon surgeries could eventually replace evening consultations.

There has been renewed local and national interest in the development of more health centres, and at least 13 groups of doctors in Bristol have applied to practice in centres. The City Architect is preparing plans for a third health centre in the Stockwood area.

Staff

Dr. Ronald Johnstone Irving-Bell, a First Assistant Medical Officer, died on the 3rd March after a short illness. He was aged 63 years. Immediately before taking up his duties in Bristol as an Assistant Medical Officer in 1937 he was an Investigating Medical Officer in the Milk Nutrition Survey conducted in England and Scotland by the Ministry of Health and Milk Marketing Board. He was promoted First Assistant Medical Officer in 1952. He was a recognised teacher of Bristol University for the purpose of lecturing to the Health Visitors' Training Course.

Dr. Irving-Bell was a man with wide cultural interests and he will be greatly missed both by his colleagues in the Health Department and by the voluntary organisations with which he was associated.

Mr. Bezley Trepess, who was a very able and popular senior district Public Health Inspector, was killed in a motor car accident on 1st May.

The retirement during the year of Mr. P. J. Room, Chief Administrative Officer, broke a long period of association with the Corporation and the Health Department.

He commenced as a junior clerk in the Town Clerk's Department in July, 1918, and gave over 46 years' service to the City. Before being appointed as Chief Administrative Assistant by the Health Committee in September, 1951, he was, from his very earliest days, committee clerk to the Health Committee. Thus his very long association with the Department extended over practically the whole of his working life in two Corporation departments.

He saw the development of Southmead and Ham Green Hospitals and of Frenchay Park Sanatorium under the Health Committee and the erection of nearly all the 15 health clinics and centres. With the changes which 1946 brought, he helped to remodel the Health Committee's services under the National Health Service Act.

Mr. Philip Hayter retired from the post of Divisional Public Health Inspector on 17th June after 49 years' efficient and loyal service in the Department.

My thanks are again due to the many contributors to this Report both named and unnamed and the whole of the staff of the Department have given me loyal and willing service, for which I am most grateful. I am also most gratified at the whole-hearted support I have received from the Chairman and Vice-Chairman of the Health Committee and wish to express my sincere thanks to them. The help and guidance I have received from my fellow Chief Officers has also been greatly appreciated.

I am,

Your obedient servant,

R. C. WOFINDEN,

Medical Officer of Health

THE HEALTH COMMITTEE, 1964

CHAIRMAN

Councillor W. H. ENGLAND

VICE-CHAIRMAN

Alderman Mrs. H. BLOOM

ALDERMEN

Mr. G. P. C. FORD

Mr. C. HEBBLETHWAITE

Mrs. A. E. NUTT

COUNCILLORS

A. B. Abrams

A. W. Barwood

W. E. Blackmore

W. W. Clothier

M. B. Hulin

Mrs. P. M. Jacob, J.P.

Miss I. M. Lobb

H. F. G. Skeates

Miss J. Stephen

H. Trapnell, M.A.

G. W. Tucker

PUBLIC HEALTH STAFF, 1964

MEDICAL OFFICER OF HEALTH

R. C. WOFINDEN, M.D., D.P.H., D.P.A.

Deputy Medical Officer of Health: J. F. SKONE, M.D., D.C.H., D.P.H., D.I.H.

PRINCIPAL ASSISTANTS

Chief Assistant Medical Officer of Health and Senior Medical Officer for Mental Health: H. Temple Phillips, M.D., D.I.H., D.C.H., D.P.H.

Senior Medical Officer—Port: G. N. Febry, M.B., D.P.H.

Senior Medical Officer—School Health Service: A. L. Smallwood, M.D., D.C.H., D.P.H.

Senior Medical Officer—Maternal and Child Health: Sarah C. B. Walker, M.D., D.P.H.

Senior Medical Officer—Epidemiology: P. W. Bothwell, M.D., D.P.H.

Senior Medical Officer—Occupational Health: J. W. Markham, M.B., D.P.H., D.I.H.
(from November 1964)

Chief Dental Officer: J. McCaig, L.D.S., R.F.P.S.

Chief Public Health Inspector: G. J. Creech, M.B.E., C.St.J., F.R.S.H., M.A.P.H.I.

Chief Administrative Officer: P. J. Room (until 30th November 1964)

A. E. Meacham (from 1st December 1964)

Chief Nursing Officer: Margaretta Marks Jones, S.R.N., S.C.M., H.V., N.A.C.
(Public Health)

PROFESSIONAL AND TECHNICAL OFFICERS

Chief Ambulance Officer: R. F. F. Wood, F.I.A.O.

Health Education Officer: P. Mackintosh, B.A.

Medical Records Officer: W. B. Fletcher, F.S.S., A.M.R.

Nutritionist: Margaret Chapman, S.R.D.

Senior Medical Social Worker: Marion Moncaster, A.M.I.M.S.W.

SCIENTIFIC ADVISER

E. G. Whittle, B.Sc., F.R.I.C.

VITAL STATISTICS & EPIDEMIOLOGY

P. W. Bothwell

(Senior Medical Officer — Epidemiology)

W. B. Fletcher

(Medical Records Officer)

J. F. Skone

(Deputy Medical Officer of Health)

W. B. Whisker

(First Assistant Medical Officer)

The Registrar General has estimated the home population (including H.M. Forces stationed in the area) at mid-year 1964 to be 432,070, a decrease on that for 1963 of 1,850. The rates for 1964 are based upon this estimated figure.

The figures given in the following tables for births, stillbirths and deaths (but not marriages) are those allocated by the Registrar General to Bristol as registered during the respective years but corrected for inward and outward transfers according to residence.

VITAL STATISTICS

	1964	1963	1962	1961	1960	1959
POPULATION	432,070	433,920	434,260	436,000	433,750	436,000
AREA IN ACRES	26,350	26,350	26,350	26,350	26,350	26,350
NUMBER OF MARRIAGES	3,600	3,612	3,606	3,725	3,407	3,334

LIVE BIRTHS

Legitimate M. 3,550 F. 3,302	6,852	6,939	6,662	6,573	6,456	6,341
Illegit. M. 346 F. 319	665	701	587	488	433	322
Illegit. expressed as percentage of all births ...	8.8%	9.2%	8.1%	6.9%	6.3%	4.8%
Total Births	7,517	7,640	7,249	7,061	6,889	6,663
Live Birth Rate	17.4	17.6	16.7	16.2	15.9	15.3

STILLBIRTHS

Legitimate M. 45 F. 37	82	112	111	128	89	126
Illegit. M. 3 F. 8	11	7	7	10	12	8
Total Stillbirths	93	119	118	138	101	134
Stillbirth Rate	12.2	15.3	16.0	19.2	14.4	19.7
Total Live and Stillbirths ...	7,610	7,759	7,367	7,199	6,990	6,797

INFANT DEATHS

Infant Mortality Rate—Total	18.4	20.3	20.8	17.7	19.7	19.5
„ Legit. Births	17.5	19.5	20.0	17.8	19.4	18.9
„ Illeg. Births	27.1	28.5	30.7	16.4	25.4	31.1
Neo-Natal Mortality Rate ...	11.8	13.6	13.7	14.0	14.4	14.0
Early Neo-Natal Mortality Rate	10.4	12.6	12.0	12.6	12.6	12.3
Peri-Natal Mortality Rate ...	22.5	27.7	27.8	31.5	26.9	31.8

MATERNAL DEATHS

Maternal Mortality Rate ...	0.26	—	0.14	0.14	0.14	0.29
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DEATHS AT ALL AGES

Male 2,593 Female 2,548	5,141	5,765	5,495	5,384	5,260	5,174
Death Rate	11.9	13.3	12.7	12.4	12.1	11.9

TABLE 1

**TOTAL DEATHS OF BRISTOL CITIZENS BY CAUSE AND AGE,
REGISTERED DURING THE CALENDAR YEAR 1964**

(Compiled from figures supplied by the Registrar General)

DISEASE							Sex	All ages	0-	1-	5-	15-	45-	65-	75 & over
All Causes	...	...	...	...	...	...	M	2,593	73	13	8	134	730	715	920
							F	2,548	65	12	11	73	403	657	1,327
1. T.B. Respiratory	...	...	...	...	...	...	M	10	—	—	—	1	5	4	—
							F	1	—	—	—	—	—	—	1
2. T.B. Other	...	...	...	...	...	...	M	1	—	—	—	—	—	1	—
							F	2	—	—	—	—	1	1	—
3. Syphilitic Disease	...	...	...	...	...	...	M	6	—	—	—	—	4	1	1
							F	5	—	—	—	—	2	—	3
4. Diphtheria	...	...	...	...	...	...	M	—	—	—	—	—	—	—	—
							F	—	—	—	—	—	—	—	—
5. Whooping Cough	...	...	...	...	...	...	M	—	—	—	—	—	—	—	—
							F	1	1	—	—	—	—	—	—
6. Meningococcal Infection	...	...	...	...	...	...	M	1	—	—	—	—	1	—	—
							F	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis	...	...	...	...	...	...	M	—	—	—	—	—	—	—	—
							F	—	—	—	—	—	—	—	—
8. Measles	...	...	...	...	...	...	M	—	—	—	—	—	—	—	—
							F	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic Diseases	...	...	...	...	...	...	M	6	—	—	1	2	1	1	1
							F	4	3	—	—	—	—	—	1
10. Malignant Neoplasm of Stomach	...	...	...	...	...	...	M	61	—	—	—	1	16	21	23
							F	38	—	—	—	1	7	12	18
11. „ „ „ Lung. Bronchus	...	...	...	...	...	...	M	203	—	—	—	5	96	70	32
							F	33	—	—	—	—	17	12	4
12. „ „ „ Breast	...	...	...	...	...	...	M	1	—	—	—	—	—	1	—
							F	107	—	—	—	7	41	34	25
13. „ „ „ Uterus	...	...	...	...	...	...	F	37	—	—	—	3	18	8	8
14. „ Other & Lymph. Neoplasms	...	...	...	...	...	...	M	256	—	2	1	20	65	82	86
							F	227	—	—	1	13	59	69	85
15. Leukaemia, Aleukaemia	...	...	...	...	...	...	M	13	—	1	—	3	5	1	3
							F	16	—	—	1	2	4	8	1
16. Diabetes	...	...	...	...	...	...	M	11	—	—	—	—	2	2	7
							F	20	—	—	—	—	2	10	8
17. Vascular Lesions of Nervous System	...	...	...	...	...	...	M	306	—	—	—	4	56	94	152
							F	500	—	—	—	3	62	117	318
18. Coronary Disease, Angina	...	...	...	...	...	...	M	605	—	—	—	17	238	197	153
							F	394	—	—	—	5	68	138	183
19. Hypertension with Heart Disease	...	...	...	...	...	...	M	64	—	—	—	1	24	23	16
							F	71	—	—	—	1	12	23	35
20. Other Heart Disease	...	...	...	...	...	...	M	210	—	1	—	7	28	29	145
							F	318	—	—	—	3	19	56	240
21. Other Circulatory Disease	...	...	...	...	...	...	M	144	—	—	—	3	25	26	90
							F	223	—	—	1	3	15	47	157
22. Influenza	...	...	...	...	...	...	M	4	—	—	—	1	—	1	2
							F	4	—	—	—	—	—	2	2
23. Pneumonia (including Pneu. of Newborn)	...	...	...	...	...	...	M	131	14	1	1	1	18	28	68
							F	137	7	2	1	4	7	25	91
24. Bronchitis	...	...	...	...	...	...	M	204	—	1	—	4	59	72	68
							F	78	4	—	—	1	9	26	38
25. Other Diseases of Respiratory System	...	...	...	...	...	...	M	20	—	—	—	1	5	7	7
							F	18	—	—	—	—	4	4	10
26. Ulcer of Stomach and Duodenum	...	...	...	...	...	...	M	30	—	—	—	1	10	6	13
							F	16	—	—	—	—	1	2	13
27. Gastritis, Enteritis and Diarrhoea	...	...	...	...	...	...	M	9	2	1	—	—	2	2	2
							F	15	1	—	—	—	3	1	10
28. Nephritis and Nephrosis	...	...	...	...	...	...	M	9	—	—	—	1	5	1	2
							F	5	—	—	—	1	1	—	3
29. Hyperplasia of Prostate	...	...	...	...	...	...	M	17	—	—	—	—	2	3	12
30. Pregnancy, Childbirth, Abortion	...	...	...	...	...	...	F	2	—	—	—	2	—	—	—
31. Congenital Malformations	...	...	...	...	...	...	M	22	15	1	1	4	1	—	—
							F	26	17	4	3	1	—	—	1
32. Other Defined and Ill-Defined Diseases	...	...	...	...	...	...	M	147	40	3	2	9	41	25	27
							F	177	31	4	3	6	30	50	53
33. Motor Vehicle Accidents	...	...	...	...	...	...	M	45	—	1	2	25	6	7	4
							F	23	—	—	1	8	5	4	5
34. All other Accidents	...	...	...	...	...	...	M	30	2	1	—	13	7	2	5
							F	26	1	2	—	3	3	3	14
35. Suicide	...	...	...	...	...	...	M	26	—	—	—	9	8	8	1
							F	24	—	—	—	6	13	5	—
36. Homicide and Operations of War	...	...	...	...	...	...	M	1	—	—	—	1	—	—	—
							F	—	—	—	—	—	—	—	—

TABLE 2

DEATHS (Corrected for transfers) OCCURRING WITHIN THE YEARS 1964 and 1963
(Local Figures)

<i>Inter- national Code No.</i>	<i>Cause of death</i>	<i>1964</i>		<i>1963</i>	
		<i>Total</i>	<i>including</i>	<i>Total</i>	<i>including</i>
001-008	T.B. of respiratory system	10		21	
010-019	T.B. other	2		2	
020-029	Syphilis and its sequelae	8		4	
030-039	Gonococcal infection and other V.D.	—		—	
040-049	Infectious disease in intestinal tract	—		—	
050-064	Other bacterial diseases	3		1	
070-074	Spirochaetal diseases (except syphilis)	—		—	
080-096	Diseases attributed to viruses	3		6	
100-108	Typhus and other rickettsial diseases	—		1	
110-117	Malaria	—		—	
120-138	Other infective and parasitic diseases	2		1	
140-148	Malignant neoplasm of buccal cavity and pharynx	12		13	
150-159	Malignant neoplasm digestive organs and peritoneum	345		358	
151	Malignant neoplasm stomach		103		135
153	Malignant neoplasm large intestine (except rectum)		84		68
154	Malignant neoplasm rectum		63		61
160-165	Malignant neoplasm respiratory system	233		226	
170-181	Malignant neoplasm breast & genito-urinary system	274		264	
170	Malignant neoplasm breast		110		94
171-174	Malignant neoplasm uterus		38		29
175	Malignant neoplasm ovary, fallopian tube and broad ligament		30		29
177	Malignant neoplasm prostate		35		41
180-181	Malignant neoplasm kidney, bladder and other urinary organs		47		63
190-199	Malignant neoplasm other and unspecified sites	79		73	
200-205	Neoplasms of lymphatic & haematopoietic tissues	53		54	
210-229	Benign neoplasm	2		5	
230-239	Neoplasm of unspecified nature	9		13	
240-245	Allergic disorders	22		20	
250-254	Diseases of thyroid gland	1		8	
260	Diabetes mellitus	26		39	
270-277	Diseases of other endocrine glands	2		5	
280-289	Avitaminoses, and other metabolic diseases	4		3	
290-299	Diseases of blood-forming organs	20		17	
300-309	Psychoses	8		11	
310-318	Psychoneurotic disorders	—		—	
320-326	Disorders of character, behaviour and intelligence	2		1	
330-334	Vascular lesions affecting central nervous system	813		917	
331	Cerebral haemorrhage		255		288
332	Cerebral embolism and thrombosis		381		457
340-345	Inflammatory diseases of central nervous system	15		10	
350-357	Other diseases of central nervous system	31		46	
360-369	Diseases of nerves and peripheral ganglia	—		—	
370-379	Inflammatory diseases of eye	—		—	
380-389	Other diseases and conditions of eye	1		—	
390-398	Diseases of ear and mastoid process	1		4	
400-402	Rheumatic fever	4		—	
410-416	Chronic rheumatic heart disease	59		82	
420-422	Arteriosclerotic and degenerative heart disease	1,410		1,516	
420	Arteriosclerotic heart disease including coronary disease		999		1,059
422	Other myocardial degeneration		388		436
430-434	Other diseases of the heart	79		100	
440-447	Hypertensive disease	171		232	
440-443	Hypertensive heart disease		143		202
450-456	Disease of arteries	292		338	
460-468	Diseases of veins and other diseases of circulatory system	43		38	

TABLE 2—continued

International Code No.	Cause of death	1964		1963	
		Total	Including	Total	Including
470-475	Acute upper respiratory infections	1	—	—	—
480-483	Influenza	8	—	24	—
490-493	Pneumonia (4 weeks plus)	249	—	277	—
500-502	Bronchitis	278	—	344	—
510-527	Other diseases of respiratory system	35	—	54	—
530-539	Diseases of buccal cavity and oesophagus	—	—	8	—
540-545	Diseases of stomach and duodenum	38	—	44	—
550-553	Appendicitis	2	—	6	—
560-561	Hernia of abdominal cavity	13	—	19	—
570-578	Other diseases of intestines and peritoneum	45	—	31	—
580-587	Diseases of liver, gallbladder and pancreas	37	—	29	—
590-594	Nephritis and nephrosis	20	—	32	—
600-609	Other diseases of urinary system	42	—	43	—
610-617	Diseases of male genital organs	11	—	22	—
620-626	Diseases of breast, ovary, fallopian tube and parametrium	—	—	1	—
630-637	Diseases of uterus and other female genital organs	—	—	—	—
640-649	Complications of pregnancy	1	—	—	—
650-652	Abortion	—	—	—	—
660	Delivery with complication	—	—	—	—
670-678	Delivery with specified complication	—	—	—	—
680-689	Complications of the puerperium	1	—	—	—
690-699	Infections of skin and subcutaneous tissue	1	—	—	—
700-716	Other diseases of skin and subcutaneous tissue	3	—	4	—
720-727	Arthritis and rheumatism, except rheumatic fever	10	—	15	—
730-738	Osteomyelitis and other diseases of bone and joint	1	—	2	—
740-749	Other diseases of musculoskeletal system	4	—	2	—
750-759	Congenital malformations	46	—	50	—
760-769	Birth injuries, asphyxia and infections of newborn	44	—	39	—
762	Postnatal asphyxia and atelectasis	—	28	—	17
763	Pneumonia of the newborn	—	4	—	3
770-776	Other diseases peculiar to early infancy	25	—	41	—
780-789	Symptoms referable to systems or organs	8	—	9	—
790-795	Senility and ill-defined diseases	17	—	23	—
E800-802	Railway accidents	—	—	2	—
E810-825	Motor vehicle traffic accidents	63	—	53	—
E830-835	Motor vehicle non-traffic accidents	1	—	2	—
E840-845	Other road vehicle accidents	—	—	—	—
E850-858	Water transport accidents	3	—	—	—
E860-866	Aircraft accidents	—	—	1	—
E870-888	Accidental poisoning by solid and liquid substances	2	—	4	—
E890-895	Accidental poisoning by gases and vapours	8	—	17	—
E900-904	Accidental falls	22	—	36	—
E910-936	Other accidents	19	—	27	—
E940-946	Complications due to nontherapeutic medical and surgical procedures	—	—	—	—
E950-959	Therapeutic misadventure and late complications of therapeutic procedures	2	—	—	—
E960-965	Late effects of injury and poisoning	—	—	—	—
E970-979	Suicide and self-inflicted injury	52	—	43	—
E980-985	Homicide and injury purposely inflicted by other persons	3	—	3	—
E990-999	Injury resulting from operations of war	—	—	—	—
TOTALS ...		5,154	—	5,736	—

TABLE 3

INFANT MORTALITY (Corrected for transfers)

DEATHS 1964 (Local figures)

(Occurring within Calendar Year)

1963	Cause of Death	1964 Total	First Day	From one day to under one week	From one week to four weeks	Total under four weeks	Total from one month to under twelve months
21	Pneumonia (4 weeks plus) ...	19	—	—	—	—	19
3	*Pneumonia of new born ...	4	—	1	3	4	—
3	Bronchitis ...	4	—	—	—	—	4
2	Gastro-enteritis (4 weeks plus) ...	1	—	—	—	—	1
35	Congenital Malformations ...	30	5	5	5	15	15
19	*Birth Injury ...	9	8	1	—	9	—
17	*Atelectasis ...	28	21	7	—	28	—
3	*Haemolytic disease of newborn ...	2	2	—	—	2	—
11	*Other diseases of early infancy ...	10	5	4	—	9	1
26	*Immaturity (Unqualified) ...	14	11	3	—	14	—
14	Other Causes ...	16	2	2	3	7	9
154	TOTALS ...	137	54	23	11	88	49
	Rate per 1,000 live births registered 1964 ...	18·2	7·2	3·1	1·5	11·7	6·5
	Totals for 1963 ...	154	64	32	8	104	50
	Rates for 1963 ...	20·2	8·4	4·2	1·0	13·6	6·5
	*Where there has been mention of immaturity 1964 ...	52					
	1963 ...	52					
	Infant Deaths in:— Hospitals ...	108					
	Nursing Homes ...	1					
	Private Residences ...	28					
						(includes 4 in hospitals outside Bristol	

TABLE 4

INFECTIOUS DISEASES NOTIFIED DURING 1964 (Local figures)

NOTIFIABLE DISEASE	At all ages			0-1	No. of cases by age groups 1964						No. of cases notified in each quarter 1964			
	1962	1963	1964		1-4	5-14	15-24	25-44	45-64	65+	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.
Erysipelas	31	21	33	—	—	1	1	10	14	7	6	9	6	12
Scarlet Fever	106	120	112	—	30	81	1	—	—	—	30	36	16	30
Pneumonia—Primary	76	120	96	8	12	8	11	14	24	19	38	12	11	35
—Influenzal	10	18	1	—	—	—	—	—	—	1	1	—	—	—
Dysentery	442	849	504	23	179	96	63	81	49	13	229	149	82	44
Food Poisoning (Confirmed Cases)	133	240	49	8	9	10	7	10	4	1	3	14	21	11
Puerperal Pyrexia	21	66	54	—	—	—	27	27	—	—	16	10	23	5
Ophthalmia Neonatorum	2	9	4	4	—	—	—	—	—	—	—	1	1	2
Rubella	*	1,559	287	30	122	98	31	4	2	—	23	116	81	67
Measles	140	7,249	1,763	69	990	693	11	—	—	—	485	328	462	488
Whooping Cough	163	332	315	36	179	94	3	3	—	—	37	87	122	69
Acute Rheumatism (Under 16 yrs.) (confirmed cases)	11	9	11	—	1	9	1	—	—	—	2	3	2	4
Infectious Hepatitis	283	117	133	—	10	54	35	19	10	5	39	22	26	46
Glandular Fever (confirmed cases)	70	119	142	—	4	12	105	16	4	1	21	39	31	51

* Not notifiable until 1963.

TABLE 5

TUBERCULOSIS NOTIFICATIONS IN BRISTOL

				CASES												65 and over
				Sex	At All Ages	Un- der one	1-	5-	10-	15-	20-	25-	35-	45-	55-	
1964—																
Pulmonary Tuberculosis																
New notifications	...	...	...	M	108	—	1	—	2	4	7	22	16	17	20	19
				F	41	—	1	—	1	2	5	8	7	7	6	4
Transfers from other areas	...	...	...	M	19	—	—	—	—	2	—	6	8	3	—	—
				F	3	—	—	—	—	—	—	3	—	—	—	—
Deaths mentioning Tuberculosis, not notified	...	...	...	M	9	—	—	—	—	—	—	—	—	1	3	5
				F	2	—	—	—	—	—	—	—	—	—	—	2
1964—																
Non-pulmonary Tuberculosis																
New notifications	...	...	...	M	10	—	—	—	—	—	2	3	4	1	—	—
				F	10	—	1	—	—	—	1	4	2	1	—	1
Transfers from other areas	...	...	...	M	2	—	—	—	—	—	1	1	—	—	—	—
				F	1	—	—	—	—	—	—	1	—	—	—	—
Deaths mentioning Tuberculosis, not notified	...	...	...	M	2	—	—	—	—	—	—	—	1	—	—	1
				F	1	—	—	—	—	—	—	—	—	—	1	—
New Notifications— Pulmonary—																
1963	...	...	...	M	97	1	—	2	—	2	11	8	19	22	19	13
				F	45	—	2	1	1	2	9	10	8	7	4	1
1962	...	...	...	M	89	—	3	2	2	4	4	12	14	17	19	12
				F	42	—	4	1	3	5	3	8	9	2	3	4
1961	...	...	...	M	93	—	—	2	2	4	6	16	16	17	21	9
				F	63	—	1	2	2	2	7	15	8	9	10	7
1960	...	...	...	M	141	2	2	4	11	7	7	25	15	27	26	15
				F	57	—	3	3	2	4	11	15	9	4	2	4
1959	...	...	...	M	148	1	1	3	3	8	6	26	21	27	40	12
				F	71	—	1	3	3	11	11	15	14	7	3	3
1958	...	...	...	M	173	—	3	1	7	12	12	27	27	36	34	14
				F	98	—	4	2	5	13	17	21	12	11	5	8
1957	...	...	...	M	187	1	—	4	2	18	16	40	27	34	28	17
				F	114	2	1	2	3	15	24	37	15	10	4	1
1956	...	...	...	M	191	—	4	10	3	15	21	29	21	39	32	17
				F	113	—	4	4	5	16	20	25	19	12	5	3
1955	...	...	...	M	201	2	3	9	6	14	15	36	35	27	36	18
				F	147	—	3	3	3	26	24	47	21	8	5	7
Non-Pulmonary—																
1963	...	...	...	M	5	—	—	—	—	—	—	2	—	1	—	2
				F	16	—	2	1	—	—	3	5	2	1	1	1
1962	...	...	...	M	2	—	—	—	1	—	—	—	—	—	—	—
				F	9	—	1	1	—	—	1	3	2	1	—	—
1961	...	...	...	M	8	1	—	—	1	—	2	—	1	1	1	1
				F	12	—	1	—	1	—	—	3	—	4	1	2
1960	...	...	...	M	10	—	—	—	3	3	—	3	1	—	—	—
				F	17	—	1	2	—	1	3	3	2	1	2	2
1959	...	...	...	M	23	—	2	1	1	2	2	4	3	3	2	3
				F	24	—	1	1	—	3	4	3	2	1	3	6
1958	...	...	...	M	15	—	3	—	1	—	3	4	1	2	1	—
				F	21	—	1	—	1	2	3	7	2	1	—	4
1957	...	...	...	M	13	—	—	1	3	1	1	5	—	—	2	—
				F	23	—	2	3	1	3	1	5	3	2	1	2
1956	...	...	...	M	28	—	2	2	4	1	4	4	3	2	5	1
				F	20	—	—	1	2	1	—	6	3	3	2	2
1955	...	...	...	M	19	—	—	2	—	1	3	5	3	2	2	1
				F	27	—	3	4	—	7	5	3	2	1	1	1

TUBERCULOSIS

The totals of notified cases of tuberculosis were very similar to those of the previous year.

The number of sputum positive cases was 69 in 1964 against 66 in 1963. More diagnoses were made of tuberculosis after death, viz. 14 in 1964 against 6 in 1963.

In the past, when tuberculosis cases were more numerous and they were plotted on the map, some groupings were discernible. As cases diminish to the current levels, one year's cases are scattered and no grouping is very evident. Groupings over the past three years indicate a higher than average ratio from the

areas in the centre of the City where many houses are in multi-occupation. This appears to indicate that M.M.R. and the Department's Mobile X-ray Unit ought to concentrate particularly on these areas in 1965.

During 1964, 6 surveys by the mobile X-ray unit purchased by the Care Committee were organised, including two at Church Army and Salvation Army Hostels and 430 people were X-rayed of whom 32 were recalled for large films. Three cases of active pulmonary tuberculosis and three cases of healed pulmonary tuberculosis were discovered.

Deaths over the past ten years show a steady decline as will be seen from the following table.

TABLE 6
TUBERCULOSIS IN BRISTOL (Deaths)
(Registrar General's corrected figures)

PULMONARY TUBERCULOSIS—

<i>Year</i>	<i>Sex</i>	<i>At All Ages</i>	<i>Under One</i>	<i>1—</i>	<i>5—</i>	<i>15—</i>	<i>45—</i>	<i>65 and over</i>
1964	M	10	—	—	—	1	5	4
	F	1	—	—	—	—	—	1
1963	M	10	—	—	—	—	4	6
	F	7	—	—	—	2	4	1
1962	M	14	—	—	—	2	8	4
	F	9	—	—	—	1	6	2
1961	M	15	—	—	—	3	7	5
	F	6	—	—	—	3	2	1
1960	M	18	—	—	—	4	10	4
	F	7	—	—	—	1	4	2
1959	M	18	—	—	—	5	9	4
	F	9	—	—	—	1	6	2
1958	M	22	—	—	—	2	9	11
	F	15	—	—	—	4	3	8
1957	M	23	—	—	—	3	9	11
	F	8	—	—	—	4	3	1
1956	M	23	—	—	—	4	13	6
	F	14	—	—	—	8	2	4
1955	M	38	—	—	—	11	19	8
	F	14	—	—	—	8	2	4

NON-PULMONARY TUBERCULOSIS—

1964	M	1	—	—	—	—	—	1
	F	2	—	—	—	—	1	1
1963	M	1	—	—	—	—	—	1
	F	1	—	—	—	1	—	—
1962	M	2	—	—	—	—	1	1
	F	4	—	—	—	1	2	1
1961	M	2	—	—	—	—	2	—
	F	2	—	—	—	—	—	2
1960	M	2	—	—	—	2	—	—
	F	1	—	—	—	—	1	—
1959	M	3	—	—	—	—	2	1
	F	2	—	—	—	—	—	2
1958	M	4	—	—	—	4	—	—
	F	6	—	1	—	—	3	2
1957	M	2	—	—	1	—	1	—
	F	3	—	—	—	—	1	2
1956	M	5	—	1	1	1	1	1
	F	1	—	—	—	—	—	1
1955	M	3	—	—	—	1	2	—
	F	4	—	—	1	1	—	2

Vaccination Against Tuberculosis

Routine Heaf testing at age 13 years revealed a natural tuberculin skin positivity rate of 7.6 per cent. Over 80 per cent of parents accepted the offer of skin testing and subsequent B.C.G. vaccination where appropriate.

The third report of the M.R.C. published in 1963 indicated that the benefits of B.C.G. vaccinations last for $7\frac{1}{2}$ —10 years. Hence there may be a case for advancing the age at which children are offered these diagnostic and immunising procedures to children aged 11 on entry to secondary school, and the results of pilot surveys to assess tuberculin positivity at this lower age are eagerly awaited.

FOOD POISONING

Of the 49 cases confirmed during the year, three were in the first quarter, 14 in the second quarter, 21 in the third quarter and 11 in the final three months of the year.

Details are shown in the following table:—

<i>Agent</i>	<i>General Outbreaks</i>	<i>Family Outbreaks</i>	<i>Sporadic Cases</i>	<i>All Incidents</i>	<i>All Cases</i>
Salmonella Typhi-murium ...	Nil	4	14	18	24
Salmonella Brandenburg ...	Nil	4	5	9	18
Salmonella Heidelberg ...	Nil	1	1	2	3
Salmonella Bovis ...	Nil	Nil	1	1	1
Salmonella Cubana ...	Nil	Nil	1	1	1
Salmonella Reading ...	Nil	Nil	1	1	1
Salmonella Thompson ...	Nil	Nil	1	1	1
Total ...	Nil	9	24	33	49

The total number of incidents was considerably reduced and moreover there was no general outbreak. The number of cases declined from 240 to 49, the decrease being accounted for mainly by cases due to *Salmonella typhi-murium*.

There was no case of typhoid fever or paratyphoid fever, neither was there any reported poisoning due to the heat-resistant toxins of *Cl. Welchii* or staphylococci.

There was no death from food poisoning.

VIRUS INFECTIONS

Virus infections require much more work both on epidemiology and the long-term effects on the population. Bristol has already made infectious hepatitis, rubella and mononucleosis specially notifiable and data on these diseases are now being progressively built up. Another virus infection about which we ought to know more is mumps. Sequelae of this disease are known to be important and preliminary studies of this condition found at a health centre appear to be indicated as a preliminary to possible general notification.

GLANDULAR FEVER (infective mononucleosis)

All Bristol cases, known to have occurred and confirmed, since November, 1962, have been interviewed and examined, and in practically every case laboratory investigations have been carried out on blood and urine specimens and throat swabs. Selected serologic specimens are now being examined in Detroit for possible virus studies.

In 1964 there were 146 cases notified of which 4 were not confirmed on subsequent investigation.

INFECTIOUS HEPATITIS

All cases with a date onset in 1964 were investigated and 133 cases were finally confirmed. The age distribution was as follows:—

Pre-school children (under 5 years)	...	...	7·9%
School children aged 5—10	...	...	27·9%
School children aged 11—15	...	...	14·2%
Total children	...	...	49·6%
Adults (16 years and over)	...	...	50·4%

Confirmed cases over the past five years are as follows:—

	<i>Children</i>	<i>Adults</i>	<i>Totals</i>
*1960	906	241	1,147
*1961	738	222	960
1962	183	105	288
1963	38	74	112
1964	63	64	127

* For the years 1960 and 1961 notification was voluntary.

In the course of collaboration between the Bristol Public Health Department and the Bristol University Department of Medicine, serum from cases of infective hepatitis in Bristol was sent by Parke, Davis and Company to their laboratories in Detroit. Mr. W. A. Rightsel and his colleagues in Detroit reported the isolation of a virus by cell culture from one of these cases. This virus is serologically related to the virus already isolated and transmitted to human volunteers by the Parke, Davis workers.

Similar studies are being carried out in co-operation with Dr. Milford M. Hatch, Research Microbiologist at the Communicable Diseases Centre at Atlanta, Georgia, of the United States Public Health Service.

RUBELLA

Of the 287 cases notified in the year, 128 were males and 159 were females. Among the cases arising there were 20 in households where a pregnant woman was a family contact and at the close of the year 12 of these women had been delivered of normal babies and the remaining 8 were still to be delivered.

Cases notified 1964

<i>Age Group</i>	<i>Males</i>	<i>Females</i>
Under 1	17	13
1— 2	25	33
2— 3	12	6
3— 4	9	15
4— 5	7	15
5—10	37	37
10—15	10	14
15—20	8	14
20—25	3	6
Over 25	—	6
Total	128	159

MEASLES

As forecast in the Report last year, it was anticipated that 1964 would prove to be one of minor epidemic proportions although the final number notified was rather less than had been anticipated.

The authority took part in the Medical Research Council's vaccines trial to ascertain the value of measles vaccination and to note complications that might occur.

The trial was mainly confined to two-year-olds and approximately one in seven of this group volunteered to take part in the experiment. Of the 1,104 children taking part in the trial, 408 acted as controls, 302 received killed vaccine followed by live vaccine and the remaining 394 received live vaccine only.

The children will be followed up for approximately a year and the results analysed by the Medical Research Council.

WHOOPIING COUGH

It will be seen that there was a slight reduction on the relatively large number of cases notified in 1963. Of the 315 cases notified, a history of immunisation was recorded in 44 cases (14 per cent). In 1963 investigation showed that rather more than 20 per cent of cases notified had a record of immunisation. One infant, unimmunised because of eczema, died aged nine months.

Combined Immunisation

There have been no notified cases of diphtheria in Bristol since 1949. In view of the continued endemic risk from carriers in the United Kingdom there is still a need to be vigilant and persuade parents to continue to accept active immunisation for their children.

There is a continued need to maintain the current 70 per cent acceptance figure for combined primary immunisation against diphtheria, tetanus and whooping cough. It is a little disturbing that booster acceptance figures, for this procedure, are much less favourable.

TABLE 7
IMMUNISATION AGAINST DIPHTHERIA, TETANUS AND WHOOPING COUGH
(By age at time of inoculation)

				1964			1963								
				Under 5 yrs.	5-14 yrs.	Total under 15 yrs.	Administered by Local Auth'y.	G.P.	Under 5 yrs.	5-14 yrs.	Total under 15 yrs.	Administered by Local Auth'y.	G.P.		
Diphtheria (whether combined with Whooping Cough and/or Tetanus or not)															
Primary Course				5,394	83	5,477	3,063	2,414	5,246	68	5,314	3,038	2,276
Booster				4,153	2,610	1,543	...	...	2,801	1,735	1,066
Whooping Cough (whether combined with Diphtheria and/or Tetanus or not)															
Primary Course				5,333	73	5,406	3,000	2,406	5,151	49	5,200	2,940	2,260
Booster				3,606	2,219	1,387	...	...	2,634	1,644	990
Tetanus (whether combined with Diphtheria and/or Whooping Cough or not)															
Primary Course				5,404	336	5,740	3,201	2,539	5,250	218	5,468	3,101	2,367
Booster				4,336	2,689	1,647	...	...	2,899	1,759	1,140

POLIOMYELITIS

The year saw a complete change over to oral sabin type vaccine and the numbers of immunisations carried out are shown in the following table.

It will be recalled that 1963 was a year with a major campaign with oral vaccine and comparability between the two years is, therefore, not possible.

Now that oral vaccine is being used exclusively it will be possible to relate more clearly the figures for one year and another but from such information as is available it is calculated that approximately between 50 per cent and 60 per cent of children are protected against poliomyelitis and this figure is slightly lower than that calculated for 1962 when salk vaccine was in use. It had been hoped that the elimination of injections, on the introduction of oral vaccine, would have tended to have produced a higher response. A more detailed survey is being undertaken in the current year based on a complete reorganisation of immunisation records which commenced on the 1st June, 1963.

TABLE 8
IMMUNISATION AGAINST POLIOMYELITIS
(By year of birth)

<i>Year of Birth</i>	<i>1964</i>		<i>1963</i>	
	<i>Primary</i>	<i>Booster</i>	<i>Primary</i>	<i>Booster</i>
1964	795	—	—	—
1963	3,151	20	698	18
1962	694	32	3,077	162
1961	389	44	1,436	357
1943—1960	1,832	1,506	11,560	59,849
1933—1942	1,273	671	8,346	2,150
Pre —1933	887	360	9,551	1,775
	9,021	2,633	34,668	64,311

SMALLPOX VACCINATION

In spite of Ministry of Health advice, i.e. that primary smallpox vaccination should take place between the age of 1—2 years, the Bristol situation 1963/4, as will be seen from Table 9, shows a disturbingly low acceptance figure for this procedure i.e. less than 10 per cent. The attention of the medical profession has been drawn to these low vaccination acceptance rates and it is hoped that the figures will be improved in 1965.

It must be stressed that vaccination of the 1—2 year age group is not of course designed primarily to control smallpox, but it is hoped that the adoption of this scheme will achieve a minimum complication rate in the light of current knowledge.

It is worth noting that the figures quoted for people aged more than 15 years are in no way comprehensive because general practitioners are not required to notify adult vaccinations to the Medical Officer of Health. The figures quoted in this group are, in fact, mostly related to procedures carried out for the purpose of foreign travel.

TABLE 9

SMALLPOX VACCINATION

<i>Age at time of Vaccination</i>	<i>1964</i>		<i>1963</i>	
	<i>Primary</i>	<i>Revaccinations</i>	<i>Primary</i>	<i>Revaccinations</i>
Under one year	228	—	180	—
One year	494	—	204	—
Two — four years	214	4	89	9
Five — fourteen years	180	65	160	26
Fifteen years and over	429	408	880	408
Totals	1,545	477	1,513	443

FOREIGN TRAVEL CLINIC

The prime purpose of this service, in addition to providing a designated south western centre for yellow fever vaccination, is to provide a valuable adjunct to existing general practitioner services for the convenience of the international traveller. Authorisation for this activity dates back to the 4th December, 1962, when these arrangements were approved under Section 26 of the National Health Service Act, 1946.

During 1964, 2,378 travellers received appropriate immunisation at the clinic by appointment. The peak incidence was in July (708 attendances) and the lowest in November (130). These 2,378 travellers made 3,269 attendances at the 66 regular sessions held during the year and it is interesting to note that:—

1. 25·8 per cent of these people were going abroad on business.
2. 12·1 per cent were emigrating.
3. 46·8 per cent were going abroad on holiday.
4. The balance (15·3 per cent) were undertaking international travel for miscellaneous reasons, and this included families joining servicemen abroad.

This percentage of emigrants is slightly higher than for previous years, and 1964 saw a slight change in the preferred mode of travel with 6 out of 10 people going by air compared with 5 out of 10 for the previous year.

The volume of work at this clinic steadily increases and in addition to the 2½ thousand telephone calls dealt with during the year, personal callers brought the overall enquiries, prior to attendance by appointment, to more than three thousand. However, the volume of immunisations, protecting against smallpox and cholera, undertaken at the clinic is less than a half of that undertaken by the general practitioner service as judged by international certificate authentication figures, and this is as it should be because it is not intended that this L.H.A. service should in any way, supplant the existing general practitioner service.

VENEREAL DISEASE

A. E. Tinkler, M.A., M.D., D.P.H.
(Consultant Venereologist, S.W.R.H.B.)

The total number of new cases referred to the Bristol Venereal Disease Clinics continues to rise.

TABLE 1

NEW CASES — ALL CONDITIONS — SEEN AT BRISTOL V.D. CLINICS, 1959—1964

<i>Year</i>	<i>All Cases</i>	<i>Bristol Residents</i>
1959	2,280	1,664
1960	2,766	2,070
1961	2,967	2,277
1962	2,912	2,250
1963	2,968	2,448
1964	3,366	2,697

SYPHILIS

The number of new cases of syphilis seen at the Bristol Clinics in 1964 showed no significant change over the previous year. This contrasts favourably with the incidence for England and Wales as a whole, which continues to rise.

For the 6th year in succession no new case of infantile congenital syphilis occurred in Bristol.

TABLE 2

NUMBER OF NEW CASES OF SYPHILIS SEEN AT THE BRISTOL CLINICS, 1959—1964

			<i>All Cases</i>		<i>Total</i>	<i>Bristol Residents Only</i>		<i>Total</i>
			<i>Early Syphilis</i>	<i>Late Syphilis</i>		<i>Early Syphilis</i>	<i>Late Syphilis</i>	
1959	...	...	26	7	33	10	6	16
1960	...	...	33	17	50	13	12	25
1961	...	...	12	25	57	4	20	24
1962	...	...	31	23	54	6	19	25
1963	...	...	31	32	63	14	28	42
1964	...	...	26	29	55	13	29	42

GONORRHOEA

Each year between 1955 and 1962 there was an appreciable increase in the total number of new cases of gonorrhoea seen at the Bristol Clinics. In 1962 and 1963 this trend was reversed and an encouraging fall in incidence occurred. Unfortunately this was not continued in 1964 when there was a 10 per cent rise in incidence over the previous year.

TABLE 3

INCIDENCE OF GONORRHOEA — BRISTOL CLINICS, 1958—1964

			<i>Male</i>	<i>Female</i>	<i>Total</i>
1958	...	...	295	59	354
1959	...	...	453	151	604
1960	...	...	499	176	675
1961	...	...	515	201	716
1962	...	...	429	148	577
1963	...	...	396	153	549
1964	...	...	435	171	606

The main feature of the male incidence of gonorrhoea in Bristol is the continued fall in the proportion of immigrant male patients from a maximum of 63 per cent of all such cases in 1962 to 43 per cent in 1964.

In contrast to this the numbers of U.K. born male Bristol residents requiring treatment for gonorrhoea continues to rise at a disturbing rate, viz. 1962—124 cases; 1964—227 cases; an 83 per cent increase in two years.

TABLE 4

GONORRHOEA MALES : MAUDLIN STREET CLINIC
PERCENTAGE OF IMMIGRANT PATIENTS

			<i>West Indian %</i>	<i>Other Nationals %</i>	<i>Percentage of Immigrants %</i>
1958	...	...	18	10	28
1959	...	...	37	8	45
1960	...	...	46	8	54
1961	...	...	44·4	12	56·4
1962	...	...	47	16·5	63·5
1963	...	...	29·6	19	48·6
1964	...	...	27·25	16	43·25

VENEREAL DISEASE IN YOUNG PERSONS

There was a further increase in the number of young persons of both sexes, under the age of 20 years, who were treated for gonorrhoea in the Bristol Clinics in 1964. Ten per cent of all male patients suffering from gonorrhoea were under the age of 20 years. The number of young female patients is even more disturbing. The under 20 years group accounted for over one third of all female cases of gonorrhoea in 1964.

TABLE 5

GONORRHOEA : BRISTOL CLINICS
PERCENTAGE OF PATIENTS UNDER 20 YEARS, 1958—1964

	<i>Males</i> (<i>Maudlin St. Clinic</i>) %	<i>Females</i> (<i>Maudlin St., Southmead</i>) (<i>and Central Health Clinics</i>) %
1958	7	21·6
1959	4·4	26·5
1960	4·5	26·1
1961	7·4	32·7
1962	7	20
1963	7·7	30
1964	10	34·5

Tables 6 and 7 give a detailed analysis of age and nationality of all patients treated for gonorrhoea in the Bristol Clinics.

TABLE 6

GONORRHOEA MALES : AGE & NATIONALITY ANALYSIS
MAUDLIN STREET CLINIC, BRISTOL, 1958—1964

<i>Year</i>		<i>Under 14 yrs.</i>	<i>15-17 yrs.</i>	<i>18-19 yrs.</i>	<i>20-24 yrs.</i>	<i>25-29 yrs.</i>	<i>30-34 yrs.</i>	<i>35-39 yrs.</i>	<i>40 & over</i>	<i>Total</i>	<i>% of total patients</i>
1958	U.K.	—	6	5	32	42	18	11	21	135	72
	W.I.	—	—	—	5	10	7	4	7	33	18
	O.N.	—	—	2	7	5	2	1	2	19	10
										187	
1960	U.K.	1	3	5	40	46	24	19	25	163	46
	W.I.	—	—	4	57	27	45	19	10	162	46
	O.N.	—	2	1	7	7	6	2	5	30	8
										355	
1962	U.K.	—	2	10	46	18	20	12	16	124	36·5
	W.I.	—	1	5	60	59	21	5	9	160	47
	O.N.	—	1	4	14	16	7	6	8	56	16·5
										340	
1964	U.K.	—	3	26	72	49	46	17	14	227	56·75
	W.I.	—	—	5	33	31	19	14	7	109	27·25
	O.N.	—	2	4	20	20	7	5	6	64	16
										400	

TABLE 7

GONORRHOEA FEMALES : AGE & NATIONALITY ANALYSIS
BRISTOL CLINICS, MAUDLIN STREET, CENTRAL HEALTH & SOUTHMEAD, 1958—1964

<i>Year</i>		<i>Under 14 yrs.</i>	<i>15-17 yrs.</i>	<i>18-19 yrs.</i>	<i>20-24 yrs.</i>	<i>25-29 yrs.</i>	<i>30-34 yrs.</i>	<i>35-39 yrs.</i>	<i>40 & over</i>	<i>Total</i>	<i>% of total patients</i>
1958	U.K.	—	5	8	16	16	3	5	2	55	91·7
	W.I.	—	—	—	1	—	—	—	1	2	3·3
	O.N.	—	—	—	—	1	2	—	—	3	5
										60	
1960	U.K.	4	9	30	55	25	10	10	8	151	86
	W.I.	—	—	2	2	5	4	1	2	16	9
	O.N.	—	—	1	3	2	1	—	2	9	5
										176	
1962	U.K.	2	4	15	43	22	9	8	7	110	80·3
	W.I.	—	—	6	7	3	2	3	—	21	15·3
	O.N.	—	—	—	4	—	1	1	—	6	4·4
										137	
1964	U.K.	—	18	38	51	24	10	3	6	150	87·73
	W.I.	—	1	2	6	3	5	—	—	17	9·94
	O.N.	—	—	—	2	1	1	—	—	4	2·33
										171	

U.K. = United Kingdom Nationals

W.I. = West Indian Nationals

O.N. = Other Nationals

MATERNAL AND CHILD WELFARE SERVICE

Sarah Walker

(Senior Medical Officer, Maternal and Child Welfare Service)

In 1964 the rise in births to Bristol mothers, which had been taking place since 1959, was halted, the actual number of live births registered (7,517) being 123 fewer than in 1963, and the live birth-rate fell to 17·4 per 1,000 population.

New low records were experienced for stillbirths with a rate of 12·2 per 1,000 live and still births, for neo-natal deaths with a rate of 11·8 per 1,000 live births and a perinatal death rate of 22·5 per 1,000 live and still births. These latter figures are normally an index of the well-being and care of mothers during the pre-natal period and at delivery, and of the early care given to babies. While we hoped not only to maintain but to improve upon these records, vigilant and meticulous individual care of every expectant mother and her baby is necessary if this aim is to be achieved.

Mention was made in last year's Report of efforts to encourage mothers to attend early in pregnancy for pre-natal care. While we are glad to note a slight improvement, far too many mothers are late in obtaining care. Our aim should be to encourage all expectant mothers to seek care as soon as they realise they are pregnant. The following table gives details for expectant mothers who attended the City ante-natal clinics in 1964; the corresponding figures for 1963 are recorded in brackets.

<i>Time of 1st Attendance</i>	<i>No. of Expectant Mothers</i>		<i>Percentage Attendance</i>	
1— 8 weeks	467	(296)	6·1	(4·0)
8—12 ,,	2,008	(1,890)	26·1	(25·7)
12—16 ,,	2,236	(2,191)	29·1	(29·8)
16—24 ,,	2,013	(2,022)	26·2	(27·5)
24—28 ,,	469	(541)	6·1	(7·3)
After 28 ,,	498	(424)	6·5	(5·8)

The infant mortality rate was 18·4 compared with a rate of 20·3 in 1963, but this improvement was due entirely to the reduction in deaths in the first month of life, while deaths between 1 and 12 months remained unchanged. The study of this group of post neo-natal infant deaths, which we are undertaking in the City at the request of the Ministry of Health, has continued throughout the year, the most frequent cause of death in these infants being acute bronchopneumonia, often so fulminating that the parents have been unaware of anything amiss, the baby being found dead before medical aid has been sought.

There were two maternal deaths during the year, both in primiparae over 30 years of age, booked for hospital confinement: one was due to a pulmonary embolism and the other to cerebral haemorrhage following delivery; in the latter case pre-eclamptic toxæmia developed late in pregnancy.

In 1964, 98 fewer babies were born in hospital than in 1963, representing 77 per cent compared with 78 per cent in 1963.

Planned early discharge, which has been the practice in this City for many years, continued as shown in the following table:—

<i>Early Discharges</i>	<i>1964</i>	<i>1963</i>
1st—3rd day inclusive	869	919
4th—6th day ,,	618	448
7th—9th day ,,	1,206	559

Some additional hospital beds became available for mothers in the south of the City with the opening, in October, of a General Practitioner Maternity Unit at Keynsham Hospital.

With the opening of the St. George Health Centre and with some of the local general practitioners coming into the Clifton Clinic, the total number of centres in which general practitioners undertake ante-natal care of their own patients now numbers 15 while the total number of general practitioners involved is 95. The number of general practitioners now undertaking child welfare work is 30 in 9 clinics.

Unfortunately, due to shortage of consultant and senior obstetric staff, the consultant ante-natal sessions at Verrier Road and Broadfield Road Clinics have been temporarily withdrawn. It is hoped that this service will be restored as soon as possible, in the interest of the mothers concerned, who now have to travel either to another clinic or to hospital to see the consultant.

Attendances at parentcraft classes, which cater mainly for mothers (and fathers) expecting their first baby, show a steady increase over the years: 1,947 mothers attended in 1964 compared with 1,777 in 1963.

The changes brought about by the Children and Young Persons Act, 1963, whereby the Children's Department in this City are assuming social responsibility for some of the special families previously covered by the Health Department and which is referred to in more detail under the section on Special Families, has involved considerable work in order to ensure that the transfer should take place as smoothly as possible and without detriment to the families concerned.

The Maternal and Child Welfare Service record with deep regret two losses by death during the year, that of Dr. R. J. Irving-Bell, who worked in the sub-fertility clinic, and that of Mrs. L. Leaver, who had given devoted and outstanding service as Matron of Ashley Road Day Nursery since its opening in 1942.

DOMICILIARY MIDWIFERY SERVICE

(Miss W. A. Outram, Non-Medical Supervisor of Midwives)

During 1964 the domiciliary midwives were responsible for the care and well-being of a large percentage of all the mothers confined and babies born in the City, this care being given ante-natally, during confinement and afterwards for fourteen days. There were more babies born at home, 1,787 compared with 1,689 in the previous year. Rather fewer births took place within our hospitals in Bristol, but more mothers and babies were discharged early to their own homes to be looked after by the domiciliary midwives. It can easily be appreciated as to how the hospital service is closely linked and dependent on the domiciliary service in order to accommodate the number of patients admitted for maternity care.

Every effort is made to ensure that the early discharge of mothers with their babies from hospital is well planned, arrangements being made during the antenatal period. The midwives made 3,226 visits to the homes to advise as to the suitability and desirability of patients' coming home early from hospital, taking into consideration especially the help which will be available to the newly-delivered mother. Great stress is placed on the importance of regular care of the mother during pregnancy. The midwives visit the mothers in their homes, attend them at the clinics and join with the doctors to ensure that all mothers during the antenatal period have professional advice and attention. Parentcraft classes are held in all the clinics throughout the City and are well attended, especially by those women who are looking forward to their first baby.

The City Domiciliary Midwifery Service receives many applications from nurses wishing to commence Second Period Midwifery Training. Our training results are excellent, and six of the nurses who were in training with us in 1964 have now joined our trained staff. It is encouraging that members of staff can be attracted to join the service in this way.

Student nurses in general training in the hospitals come out and spend a day or half a day with the midwife, observing the work she does. This is an opportunity for a student nurse to see a patient being given skilled care in her own home environment and of seeing aspects of public health work. Some of the nurses, who have had one of these day visits in a previous year, are now coming as pupil midwives from the maternity hospitals to continue and complete their midwifery training.

We receive many other visitors over the year, from all parts of the world, to observe the work of the service as a whole and see details of equipment which is issued in the interests of the patient to help in providing a most efficient service.

All visitors, pupil midwives and nurses, are interested in the care given to the premature babies in this City. Two midwives work especially looking after babies born prematurely, and having been cared for in the special care units of the hospitals are, when sufficiently fit, discharged home where their special care will be continued by the premature baby midwife.

There were no major developments or changes in the domiciliary midwifery service in 1964 but the work of the midwife in all aspects increased.

SUB-FERTILITY CLINIC

It is with deep regret that we have to record the death early in 1964 of Dr. R. J. Irving Bell, who had acted as medical officer to the male sub-fertility clinic since its inception. The subject was one in which he had great interest and specialised knowledge. His association with the Bristol Marriage and Family Guidance Council of which he was both Vice-Chairman and a Consultant and Lecturer, forged close links between the Council and our Service.

Dr. George L. Foss has been appointed in place of Dr. Irving Bell, and Dr. Norma Boxall continues as the medical officer to the women's clinic. Mr. Jolly left to take up an appointment out of Bristol and the consultant work was then taken over by Mr. A. M. Fisher from Professor G. G. Lennon's Department.

Female Clinic

Dr. F. Norma Boxall reports:—

New cases	...	...	...	239	(230 in 1963)
Attendances of old patients	...	1,230	(1,021 in 1963)		
Pregnancies reported	...	90	(89 in 1963)		
Cases of marital difficulty	...	37	(33 in 1963)		

There is still a further increase in the work done at the female sub-fertility clinic. The number of cases presenting with marital difficulties has increased; work with these cases is most rewarding, if the patients will persist in attending for long enough, but it is the most time-consuming of all the work done in the clinic.

Dr. Lancaster, Consultant Psychiatrist of Grove Road Clinic, has kindly undertaken the psychiatric treatment of some of the most severe.

In co-operation with Dr. Tovey, of the S.W. Blood Transfusion Service, some research has been done into the relationship of blood groups and sub-fertility, but so far there is little evidence that is relevant.

For the first time we have not discovered a single case of pelvic T.B. during the year, although one patient who started investigations with us and subsequently went elsewhere, was found to have active tuberculosis. We are now gradually discharging the original cases who have had a five-year follow up."

Male Clinic

Dr. G. L. Foss reports:—

" Since the beginning of June, 1964, when I began working at the Male Sub-Fertility Clinic, I have seen a total of 90 cases. Of these 28 had been seen previously by the late Dr. Irving Bell and were later referred to me: 6 by their own doctors and 22 by Dr. Boxall. In addition 62 fresh cases have been referred, 49 by their own doctors, 3 by gynaecologists, and 10 by Dr. Boxall.

Procedure—The old punched case cards were well thought out and designed and are being continued. All the letters, pathological investigations and records of each patient are now filed together in separate folders.

Each patient has a full history taken and a general and genital examination, and his testes are measured by a testimeter, designed by myself some years ago in collaboration with Dr. Brown, of Southmead Hospital, who provided the necessary post-mortem specimens of testes of all sizes; with the Prosthetic Department at the Dental Hospital, who made the casts, and with Thackeray's, of Leeds, who measured the displacement volume of each in mils. of water.

For the sub-fertility cases, an initial seminal analysis at Frenchay was followed, if equivocal, by two more at 14 day intervals. The standard routine is for patients to collect specimens by masturbation 4 days after previous coitus.

When fertility was shown to be impaired, testicular biopsies were done by me in the Out-Patient Theatre at the Bristol General Hospital under general anaesthesia, and measurements of intrascrotal temperature compared with rectal and skin temperatures are now being carried out. The temperature differential is measured with a very accurate electronic apparatus using special thermistor probes,

the former designed and made by the Physics Department at the B.G.H. and the latter purchased by me from Elliott Bros. Ltd., of London. In addition, temperature differentials are obtained in normals, in collaboration with the genitourinary surgeons at the Bristol Royal Infirmary, Bristol Children's Hospital and Southmead Hospital.

In cases where it is thought necessary, estimation of 17-oxosteroids and 17-hydroxycorticosteroids are measured in 24 hour collections of urine, and more recently the estimation of testosterone in blood is being developed. This will be carried out in an F. & M. gas chromatograph, which I managed to persuade an American firm to give me. A grant has been arranged, through the Medical Research Committee of the B.R.I., for a technician to operate this apparatus in the Department of Biochemistry under Dr. McGowan. This technician was trained specially at Cambridge in Dr. Roger Short's Department at the School of Veterinary Science.

When necessary, chromosome analyses are carried out by Dr. Frank Lewis at Southmead Hospital.

Dr. Tovey has investigated the blood groups of a few patients, otherwise thought to be fertile, for possible immunological incompatibility.

If the need arises, cases for exploration of anomalies of the vasa are referred to Mr. Ashton Miller at the Department of Genitourinary Surgery, at the B.R.I.

Two cases of varicocele have been referred to Mr. H. G. Hanley at St. Paul's Hospital, London, for operation.

Cases—Of the 90 cases referred to me, 3 did not attend. Seven were referred for sex problems (4 for impotence and 3 for marital disharmony or ejaculation praecox.).

Of the 80 referred for a decision on their fertility, 19 were found to be fertile, 42 were shown to have some degree of oligozoospermia and/or defective motility, 14 had complete azoospermia, 2 were unable to ejaculate and one was unable to collect a seminal specimen. Two results are still to come.

I have carried out testicular biopsies on 28 patients, and so far scrotal temperatures have been measured in 11 of them. Blood has been taken for testosterone estimation in a number of cases, and the separated plasma is stored in a deep freezer (given to me by an American firm) for later estimation by gas chromatography. Four couples have had their blood groups investigated in detail by Dr. Tovey for possible immunological incompatibility.

Lines of treatment for suitable infertile cases:

- Surgical*
1. operation for varicocele
 2. anastomosis of vasal defects

- Therapeutic*
1. dexamethasone suppression of adrenal androgens
 2. injection of testosterone oenanthate, or implantation of testosterone for androgen deficiency
 3. Clomiphene stimulation of spermatogenesis
 4. if possible, injections of human F.S.H."

CHILD HEALTH AND WELFARE SERVICE

Home visits by the Health Visitors, for the purpose of giving help and advice to families where there are young children, remains the keystone of the Child Welfare Service. The Health Visitor's work in this connection has been made easier and more effective in recent years by their closer links with the general practitioner, particularly in the Health Clinics and Centres.

All Health Visitors undertake routine screening tests for congenital dislocation of the hip and for phenylketonuria. A number have also been trained to carry out screening tests for hearing and it is hoped, before long, to have all Health Visitors trained in these tests for babies.

During 1964, phenylketonuria tests were carried out as follows:—

at 10—14 days of age	5,875
at 4— 6 weeks „	5,959
at or after 6 weeks	760

The aim is to carry out two routine tests, the first at the primary visit between 10 and 14 days, and a second at 4—6 weeks old. Since November, 1961, when routine testing was first introduced, although there have been a few doubtful results these, with one exception, have all on further investigation proved to be negative. The one infant where a positive result was confirmed, was admitted into hospital where, after full investigations, it was decided that this was a case of a harmless variant of phenylketonuria, one of P-hydroxyphenyl alanine excretion.

The value of undertaking this test, where the chances of finding a positive case is probably in the region of 1 in 50,000, has been questioned, but the tragedy of a missed case, resulting in severe mental subnormality which could have been effectively treated and prevented if discovered early enough, is surely sufficient justification for continuing this procedure. Moreover, a phenylketonuria test is simple to carry out at times when the Health Visitor would, in any case, normally be paying a routine visit to the home.

While a very close link has always been maintained with the Mental Health section of the Department, the M. & C.W. section referring individual children in need of help, it was possible during 1964 because of expansion of the Mental Health Service, to introduce a routine reference of all young children suffering from mental subnormality who are likely, in due course, to require training at the Bush Training Centre or who may require institutional care. This referral is made as soon as a case comes to our notice. In all such cases the Health Visitor continues to visit the child at home but the Mental Welfare Officer also visits where it is considered that this will be a useful and constructive move.

The number of babies and young children attending the City Child Welfare Clinics has again increased, 18,279 children attending in 1964 compared with 16,273 in 1963 and 15,873 in 1962.

A register of premature babies who have been under the care of the Premature Baby Service, as well as other babies who have been under the care of the Special Care Unit at Southmead Hospital, is kept in the Department. These children are invited and encouraged to attend for a detailed medical examination at a Child Welfare Clinic at the age of two years in order that their physical and mental development can be checked.

Dr. M. D. Gibson, Deputy Senior Medical Officer, Maternal and Child Welfare, reports on the Congenital Abnormality Register and Birth Notifications of Congenital Abnormalities for 1964.

Towards the end of 1964 we took delivery of two filing cabinets which now enable us to keep the Congenital Abnormality Register in a practical and usable form. At the same time the School Medical Department adopted the same filing system, so that records can be passed direct to them when a child attains the age of five.

When the transfer of the records of children with defects to the new register has been completed, it will enable us to produce all the information known to us about any given abnormality or individual child, with negligible expenditure of time and energy.

Many congenital abnormalities do not become apparent until the child is three or four years old, or later. The chief of these are renal tract abnormalities, blood dyscrasias, epilepsy, mental retardation and in some cases acyanotic congenital heart disease; this more especially because, where the child has not had a thorough routine medical examination, the defect is only discovered when the child is seen for some other illness. Even with these wide margins of error the figures for the conditions mentioned above, only four months after the end of 1964, 40 children are already reported as born during the year suffering from congenital heart disease. Twelve of these were stillborn or have subsequently died. As there were 7,610 live and stillbirths in the City during 1964, this gives a rate of 5.26 per thousand live and stillbirths suffering from congenital heart disease, which means that probably 20 or 30 children with this condition born in 1964 are still unregistered.

One disturbing feature is that during the year four children have been born with thalidomide type reduction abnormalities of their limbs. In none of these children was any cause incriminated for this.

It is now three years since notification of congenital abnormalities on the birth notification form was started in Bristol. During 1962, 146 children were notified as having some abnormality at birth; two of these were later found to be normal. In 1963, 163 were notified; three were subsequently found to be normal. During 1964, 145 abnormalities were notified at birth; all of these were subsequently confirmed.

A measure of the efficiency of the birth notification as a source of information for congenital abnormalities is indicated by the following table:—

CHILDREN BORN DURING 1964 KNOWN TO HAVE CONGENITAL ABNORMALITIES

<i>Type of Defect</i>	<i>Total No. on Register</i>	<i>No. Notified at Birth</i>	<i>No. Stillborn or Dying before 31.12.64</i>	<i>No. with more than one Abnormality</i>
<i>Congenital Heart Disease</i>	40	2	12	12
<i>Central Nervous System</i>				
(a) spina bifida or encephalocele	24	21	6	4
(b) hydrocephalus	11	2	4	2
(c) hydrocephalus and spina bifida	8	8	5	1
(d) microcephalus	4	2	2	0
(e) anencephalus	14	14	14	2
(f) spastic	4	0	0	0
<i>Skeletal System</i>				
(a) talipes	34	24	5	12
(b) congenital dislocation of hip ...	16	4	0	2
(c) reduction deformity of limbs	4	4	0	0
(d) other	9	3	1	0
<i>Renal System</i>	11	0	4	2
Hypospadias	18	10	0	0
<i>Alimentary System</i>				
(p) hare lip only	4	3	1	0
(a) cleft palate only	8	1	0	4
(b) hare lip and cleft palate	6	5	0	2
(c) oesophageal or duodenal atresia	6	1	3	2
(e) imperforate anus or ano vaginal fistula	4	3	0	3
(f) fibrocystic disease of pancreas	3	0	1	0
<i>Miscellaneous</i>				
Mongol	16	8	4	6
Thyroid gland				
(a) cretin	2	0	0	0
(b) benign hypertrophy	1	0	0	0
Muscle exomphalos	5	4	3	0
Eyes	7	0	0	0
Blood dyscrasias	3 (1 leukaemia)	0	0	0
Digits				
(a) syndactyly	10	8	0	0
(b) polydactyly	11	9	0	0

A total of 283 congenital abnormalities are recorded. These were found in 203 children, 54 of whom had two or more defects. Sixty-six of these children were either stillborn or had died before 31.12.64 as the result of their abnormality or from other causes.

Hearing Assessment Clinic

During 1964 the Hearing Assessment Clinic continued to be held at the Institute for the Deaf, King Square. There have been some changes of staff this year. On Mr. H. D. Fairman's resignation in December, 1963, as Consulting Otologist, Mr. R. K. Roddie was appointed at the beginning of the year. In August Dr. Klaus Wedell, the Educational Psychologist, resigned from the staff to take up an appointment as Senior Psychologist in Kingston-upon-Hull. Mr. G. W. Herbert, who had been assisting Dr. Wedell with the psychological work of the clinic, took over the assessment of all psychological cases. Dr. Helen Gibb and Dr. J. E. Kaye continue to act as the Medical Officers to this clinic.

As in previous years, three sessions a week were allocated to hearing assessment. Of these, two or three sessions each month were used for a full conference of special cases with all the team present and any others concerned with the treatment or educational placement of the children.

Following the opening of a second nursery unit for partially hearing infants, group auditory training was discontinued. A large proportion of the children needing auditory training were very young and Miss S. Bullock, Teacher of the Deaf, felt that individual training was more suitable for them and more helpful to the parents. The number of sessions for auditory training has therefore been increased from two to four per week. Five of the very young children who were diagnosed this year as severely deaf were from the risk group whose mothers had had rubella in early pregnancy. In addition there was one child found to be very slightly deaf, whose mother had one injection of gamma globulin at the fifth week of pregnancy following contact with rubella and who subsequently developed rubella when eight weeks pregnant.

Towards the end of the year a start was made by Dr. Gibb and Dr. Kaye in a plan to give instruction to all health visitors in the Health Department, not previously trained, in screening the hearing of babies and pre-school children under their care. This is regarded as a very important aspect of preventive medicine as it will help towards earlier detection of children with impaired hearing.

Young Children with Speech Difficulties

In 1964 a survey was done by the health visitors in Bristol to find out how many children have delayed speech development. Any child of 3 years who was not using sentences was seen by a speech therapist. This was a one-in-ten survey and, of the 16 children referred, 9 still had defective speech when seen by the therapist and 6 had a gross failure to communicate. This survey indicates that there are at least 60 such children in Bristol. Some are generally backward, deaf, or have suffered brain injury, but all can be helped by workers in the respective fields.

As recorded in last year's Annual Report, there is a ten-place unit for young children with speech difficulty at St. James' and St. Agnes' Nursery School. Originally the children attended part-time but it soon became apparent that they would benefit by full-time attendance and this is the plan now followed. The children benefit greatly from the stimulation of play activities, contact with other children and with the adult staff. Dr. Price, who acts as medical officer to this unit, comments as follows:—

“In almost every child there is more than one possible reason for his language difficulty. For example, there may be slight brain injury and a mother who speaks little to her child; a family history of speech difficulty and another sib born when the child is about 18—24 months old. It is inevitable that their lack of expression tends to make these children frustrated, lacking in self-confidence and limited by their inability to ask questions.

The aim of the nursery group is to encourage confidence in mixing with other children, to help them to express themselves in other ways, and gradually speech comes. They have as much individual attention and speech therapy as they need, because often, when they do begin to talk, their speech is defective. Sometimes the

temporary separation from a mother who has become over-anxious and ‘pressurising,’ is a help in itself.”

Every young child referred to the Speech Clinic because of delay in development of speech is seen by the Educational Psychologist, Mr. Herbert, the Senior Speech Therapist, Mrs. Saunders, and the Medical Officer, Dr. Price. The mothers are seen by a psychiatric social worker. In every case the child’s hearing is tested, unless this has already been done. After case discussion the children may be referred to the special nursery unit described, or to an ordinary nursery school where they will have a special follow-up.

In a mild case, the speech therapist for the area in which the child lives is asked to keep the child under observation and to give treatment if necessary.

All children admitted to the special nursery must have either normal intelligence or, if they are backward, their abilities in other fields are well ahead of their ability to speak.

Of the children admitted to the Unit since it opened in September, 1963, two have already gone to an ordinary nursery school and two to an ordinary infant school. Of the latter, one child has settled very well, but the other one will continue to need formal speech therapy for a time.

Day Nurseries

The need for additional day nursery provision in the central area of the City remains urgent and has received the special consideration of the Health Committee. The increase in the number of unsupported unmarried mothers who keep their babies, referred to elsewhere in this Report, has added considerably to the demand. Negotiations are taking place regarding a suitable site: meanwhile, it is hoped to be able to give some partial temporary relief by providing additional accommodation at Ashley Road Day Nursery.

The total occupation of the seven day nurseries at 31.12.64 was as follows:—

<i>Accommodation</i>	<i>No. Children on Register</i>	<i>No. Children on Waiting List</i>
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290	307	74 (including 43 at Ashley Road)
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Nurseries and Child Minders Regulation Act, 1948

The vast majority of registrations under this Act are for part-time playgroups for children aged 2½—5 years, the main purpose of which are to provide social and educational opportunities for the young child. Some of these playgroups are organised in private houses, others in hired halls. An interesting development in recent years has been the growth of the non profit-making playgroup, usually run by a committee of the mothers themselves, who appoint whenever possible a leader who has had experience with young children, either as a teacher or nursery nurse. The mothers themselves staff the playgroup on a rota system. Miss E. M. Parry, Inspector of Nursery and Infant Schools, Education Department, has given invaluable help and advice regarding the play activities in these groups. There is also an active Bristol Playgroups Association who arrange a programme of talks and courses throughout the year.

Apart from these playgroups there were only two private day nurseries providing all-day care for a total of 18 children aged 2—5 years, and two registered child-minders giving all-day care for a total of eight young children. Persons who daily mind not more than two young children, for reward, are of course exempt from registration under the Act and we have knowledge of a number of women who undertake this work.

One group, causing concern to the Department, are young West Indian children living usually in multi-let houses whose mothers are at work and where haphazard arrangements are often made for their care. Where both parents are working these children would not normally qualify for admission to the Department's day nurseries; there is great need for some provision, probably by some voluntary organisation, for group care for these children.

Registrations under Nurseries and Child Minders Regulation Act, 1948, at 31.12.64

(a) <i>Playgroups</i>			<i>Hired Premises</i>	<i>Private Houses</i>	<i>Nos. of Children</i>
(i) non profit-making	...	...	14	—	328
(ii) profit-making	...	...	7	13	274
(b) Day Nurseries					
(all-day care)	...	...	—	2	18
(c) Child Minders					
(all-day care)	...	...	—	2	8

Welfare of Unmarried Mothers and their Babies

We are glad to be able to record a slight decrease in illegitimate births in 1964; 8·8 per cent of all live births to Bristol mothers were illegitimate compared with 9·2 per cent in 1963.

The level of illegitimacy both locally and nationally in recent years remains, however, a matter for deep concern, not only on account of the effects on the mother and the putative father concerned, but even more upon the child whose chance of growing up in a secure and stable background is considerably less than that of the child born in wedlock.

During 1964 there were 818 new cases of unmarried girls and women who received help from Miss M. Reed, Welfare Officer to the Maternal and Child Welfare Section. Of these, 24 were under the age of 16 years, representing 2·9 per cent of the total; the comparative figure for 1963 was 29, representing 3·4 per cent of the total.

Out of 514 unmarried mothers who came under the care of the Department and who were delivered during the year, and where a decision had been reached about the care of the baby, the following arrangements were made:—

1.	Kept by mother	...	...	...	464 (85·1%)
	(a) with support of family	...	...	...	129
	(b) living alone apart from family	...	...	...	172
	(c) living with putative father	...	...	...	83
	(d) married	...	...	...	80 (78 to putative father)
2.	Adoption (completed or pending)	...	...	...	71 (13·0%)
3.	Baby placed in care of Children's Department or a Voluntary Organisation	...	...	...	10 (1·8%)

The very high proportion of babies kept by their mothers is a significant trend in recent years; it will be noted that 37 per cent of these mothers are living on their own, and it is this group who are often in special need of suitable accommodation and for day nursery help with their children. The evening ante-natal clinic continues to meet the special requirements of unmarried mothers who need to keep at work as long as possible.

There were 71 new admissions to the City Mother and Baby Home, Snowdon Road, during the year. There were also 19 admissions to St. Raphael's Home, Henbury, these unmarried mothers being Roman Catholics whom it was considered could best be helped by a Home of their own denomination.

The Health Committee have decided to register the three voluntary mother and baby homes in the City, namely St. Raphael's, St. John's, Ashley Road, and Mount Hope Salvation Army Home. With the co-operation of the Homes concerned, certain alterations are in the process of being carried out prior to the issue of the registration certificates.

Special Families

During the year some reorganisation of the work of the Department on behalf of special families has taken place to meet the changes brought about by the Children and Young Persons' Act, 1963. As, hitherto, most of the work in connection with special families in the City had been undertaken by the Health Department, it was necessary, as a first step, to inform the staff concerned, in particular the health visitors, of the implications of the new Act and the future role of the Department in relation to work with special families. This was carried out by holding a series of meetings, in each of five areas of the City, thus giving all the health visitors the opportunity to attend and discuss details of the scheme. These meetings were completed in June.

Following discussions with the Children's Officer, an agreed procedure was adopted for transfer of families, involving neglect of children and the likelihood of breakdown, from the Health to the Children's Department for responsibility, the Health Department continuing to carry out the health functions for which they are responsible. This transfer of families is agreed after full discussion between officers of the two Departments, in case conferences, which have been held regularly since June, 1964, and by the end of the year 54 families out of some 800 on the Special Register had been transferred to the Children's Department.

It is difficult to estimate precise numbers, but approximately 200 families will probably come within the category for transfer.

Where the Children's Department assume responsibility for a family hitherto supervised by one of the special families health visitors, the latter is normally withdrawn, the district health visitor taking over the routine health supervision.

The work of the special families team of a medical officer, Dr. Hopkins, and the four health visitors, can now be diverted to earlier preventive work.

Dr. Hopkins comments on the work of the team during the year as follows:—

“The ever increasing number of younger parents have received quite a bit of assistance in budgeting and in parentcraft and this group of parents responds well to the increased interest.

In many cases they have moved from their native neighbourhood, and in losing their old contacts they are mystified by the difficulties of adjusting to married life, parenthood and also the new way of life which they have to face in the new estates. Couples living in the new flats experience the greatest difficulties, particularly with regard to cooking facilities when in financial difficulties and they find the electricity supply is cut off.

Any type of family with a young infant would benefit from more intensive health visiting and the team is at last able to consider devoting more attention to this phase of family life.

Community care of the mentally disabled has, naturally enough, resulted in many of these persons becoming parents. Unfortunately people who are fertile are not necessarily adequate as parents, and although some of the mentally disabled are very capable in the matter of child care, others are quite unable to provide a suitable environment for a child and, even when they have suitable accommodation, they are still quite unable to rear a family. It would be foolish to suggest that any form of home visiting can remedy this situation. However, certain of these families might attain improved home standards, if living in a sheltered community, such as could be provided in residential hostels with wardens to help the mothers.

Discussions at the area case committee meetings have been heavily weighted by considerations of housing, and other aspects of family welfare have been temporarily eclipsed. As more emphasis is now being placed on child care, this should be rectified and once again child welfare, in the wider sense, should be the common interest of members attending these committees."

Mr. A. Strange, Organiser of the Bristol Family Service Unit, which acts as an agent of the Health Committee, reports:—

"During 1964 the Unit was in contact with 42 families and during the year ceased visiting eight of these. In addition to this main focus and concern of the service, 99 other families were helped either directly or enquiries were taken up on their behalf. In fact the total number of personal contacts numbered 3,987, whilst enquiries totalled 1,758.

Maintaining regular contact with families by home visiting continued to be the main feature of the Unit's work, but the use of the Unit house has played a valuable part in providing a means of contacting members of the staff at times of crises or emotional stress, enabling interviews to take place in a relaxed and permissive atmosphere as well as accommodating children's groups and a mothers' group which has met weekly during the year.

Much of the work has been concerned with practical day-to-day problems, often centred round recurring financial difficulties. In twenty-one cases the Unit workers have undertaken the collection of monies towards the payment of rent and other debts and often this has relieved the anxieties arising from threats of official action, and thus enabled the family to function more normally.

Closely linked with what may appear as practical problems are the tensions arising in the relationships within the home, between the parents themselves and between them and their children. In most cases the Unit worker is in a favourable position to help in matrimonial crises as she has often had opportunities of working

through other difficulties with the parents and they will have come to trust her. However, in two cases the parents became permanently separated and, in one of these, three of the children were taken into care by the Children's Department.

In assisting parents with the problems of bringing up their children, in a few cases referral to the Child Guidance Service has been necessary. With the problems of a less serious nature the development of children's groups has provided a means of helping the children and relieving some of the tensions in the home. During the year 52 children from families known to the Unit were in groups and children from the ages of six to fifteen were catered for. The long-term aim of the group work is to widen the children's experience and ultimately to enable them to participate in the more normal organised activities in the community. One encouraging feature of this work has been the appreciation shown by the parents, and this has been fostered by closer contact by the group leaders with the children's homes.

Of special importance is the help given to mothers who have the responsibilities of bringing up the children on their own. Of the 42 families, 17 were cases where there was only one parent in the home. Of these, 13 were separated or divorced, 1 was a widow, 2 were where the husband was serving a long prison sentence and 1 where the husband was in hospital and incapacitated by a mental disorder.

During the summer, 53 children were provided with holidays through offers received from private hosts in the West Country and South Wales. In many cases the hosts continued to keep in touch with the children and their homes, and this friendly interest and support has been greatly appreciated.

In March the Unit Organiser, Mr. Strange, visited Holland to observe some of the rehabilitative work being done with families in Rotterdam, Haarlem, Maasticht and Amsterdam. This visit was arranged through the United Nations Exchange Scheme for Social Workers and it was made possible through the approval and support of the Health Committee.

The Unit has continued to accept students for practical work experience and, during 1964, students from the General Course in Social Work (Bristol) and the Applied Social Studies Course (Southampton) spent periods with the Unit. Also talks on the Unit service were given to various groups, including student nurses, health visitors and residential child care workers. Visitors to the Unit house included social workers from Hong-Kong, Jordan and Egypt.

In June a group of voluntary helpers and supporters met at the Unit house to discuss ways in which help might be given to the Unit, especially in supporting some of the ancillary activities; and arising from this a number of people have expressed an interest in the service.

Mrs. J. Bodman has continued to visit the Unit monthly to have consultative sessions with the staff concerning some of the more difficult problems of a psychiatric nature arising in the work with individuals and families. The Unit has appreciated also the valuable help given by Alderman Mrs. A. E. Nutt by her personal interest in the work and in representing the Health Committee on the Family Service Units National Committee.

DENTAL CARE OF MOTHERS AND PRE-SCHOOL CHILDREN

Mr. J. McCaig, Chief Dental Officer, reports:—

This year there was a fall in the number of pre-school children treated at the clinics, from 1,339 to 836, and also in the number of expectant and nursing mothers treated, from 623 to 403. The service to these priority groups is a valuable one and every effort should be made to encourage them to attend the clinics.

There can be no complacency about the amount of decay experienced in pre-school children when school entrants at 5 years of age have an average of five decayed teeth each.

A novel scheme will begin in Bristol in January, 1965, to encourage parents to bring their young children to the clinics for a dental inspection. This scheme requires that all three year old children in Bristol will receive a colourful Greetings Card which is in the form of an invitation to visit the parent's dentist or the Local Authority dentist for a dental inspection. If this scheme is successful and parents accept the idea that regular dental inspection for their young children is necessary from three years of age, preventive dental treatment is a possibility for these children with personal instruction in dental health for their parents.

Although film strips, posters and leaflets are useful in dental health propaganda, personal instruction is more effective. The lower caries frequency in dentists' children compared with a comparable group drawn from the general population can at least be partly interpreted as personal instruction in dental health. Parents do not regard it as a necessity that young children should have regular dental inspection and dental decay has usually reached an advanced stage by the time the parent takes the child for its first visit to the dentist. In addition, treatment of pre-school children is quite difficult as cavities in deciduous teeth as a rule, lie between the teeth and not on the surfaces, which are flat and less prone to decay. Apart from treatment, there are two factors which influence caries prevention (1) Dental Health Education, and (2) Fluoridation of public drinking water supply. Hence our approach to increase the propaganda in dental health by personal instruction would appear to be one of the main influences in caries prevention in the pre-school child. Where there is a high susceptibility to caries in the temporary dentition, there is usually a high susceptibility in the permanent dentition. The other influence for caries prevention is the fluoridation of the public drinking water supply. No progress has been made this year towards fluoridation of Bristol's water supply, yet the decay experienced in pre-school children in Bristol is about the national average. It is reckoned that 80 per cent of three year old children have three or four bad teeth, which is borne out by the school entrants at five year who have an average of five decayed teeth. The incidence of decay can be safely reduced by about 60 per cent by adding one part per million sodium fluoride to the public drinking water supply.

The number of sessions shown in the statistical table at the end of this section for maternal and child welfare dental work is an average arrived at when the number of attendances are known. The patients attend during the week, no special sessions are put aside for the priority groups who are, of course, treated by the School Dental Officers.

APPENDIX

MATERNAL AND CHILD HEALTH STATISTICS 1964

Live births (Bristol mothers — from Birth Registrations)	7,517
Live birth rate	17.4
Stillbirths (Bristol mothers — from Birth Registrations)	93
Stillbirth rate per 1,000 total (live and still) births	12.2
Total births (live and still)	7,610
Infant deaths	138
Infant mortality rate per 1,000 total live births	18.4
Legitimate infant mortality rate per 1,000 legitimate live births	17.5
Illegitimate infant mortality rate per 1,000 illegitimate live births	27.1
Illegitimate percentage of live births	8.8
Neo-natal mortality rate (deaths under 4 weeks per 1,000 live births)	11.8
Early neo-natal mortality rate (deaths under 1 week per 1,000 live births)	22.5
Maternal deaths	2
Maternal mortality rate per 1,000 total live and still births	0.26
Number of live premature births	548
Number of live and stillbirths at home (from birth notifications)	1,787
Number of live and stillbirths in institutions (from birth notifications)	5,851

(The above figures relate to Bristol residents)

Clinic attendances

(a) <i>Ante-Natal</i>	<i>New Patients</i>	<i>Total Attendances</i>
(i) medical officers' sessions	587	4,247
(ii) general practitioners' sessions	4,587	34,570
(iii) consultant sessions	2,665	8,324
(iv) midwives' sessions	580	5,118
(b) <i>Post Natal</i> (including Birth Control)		
Medical officers' + general practitioners' sessions ...	3,252	4 595
(c) <i>Child Welfare Clinics</i>		
(i) total number of infants under 1 year		9,033
total attendances of infants under 1 year		54,142
(ii) total number of children aged 1—5 years		9,246
total attendances of children aged 1—5 years		28,124
(d) <i>Parentcraft Classes</i>		
number of expectant mothers who attended		
classes		1,947
total number of attendances		8,298
(e) <i>Special Diagnostic Clinic</i>		
(i) new patients		428
(ii) attendances		1,011

Health Visiting

Home visits	
(i) primary (i.e. new babies)	8,292
(ii) infants under 1 year (excluding (i) above) ..	24,207
(iii) children 1—5 years	78,022
Sessions at clinics	6,226
Time spent at nursery schools and classes	1,176 hours

Re recuperative Convalescence

Section 22, N.H.S. Act, mothers and young children:		
mothers accompanied by children	9 mothers	15 children
unaccompanied children		nil

The following figures show the work done at the Hearing Assessment Clinic during 1964.

	<i>Total</i>
Total attendances	503
No. of New Cases seen under 5—124	
over 5—40 ...	164
No. of Old Cases seen under 5—56	
over 5—65 ...	121
No. of attendances at a conference ...	156
No. assessed by psychologist ...	57
No. referred for E.N.T. Treatment :	
under 5—41	
over 5—31 ..	72
No. referred for Speech Therapy :	
under 5—16	
over 5— 5 ...	21
No. referred to non-talkers nursery ...	3
No. attending for auditory training ...	22
No. of hearing aids supplied ...	22
No. discharged	119
No. persistent absentees	22

ANALYSIS OF NEW CASES, 1964

	<i>Total</i>
Referrals by Medical Officers	94
„ „ Consultants	45
„ „ Health Visitors	10
„ „ Psychologists	6
„ „ Speech Therapists	7
„ „ General Practitioners	2
	<hr/>
	164
No. in Risk Group :	
under 5—57	
over 5— 9 .	66
No. Profoundly Deaf :	
under 5— 7	
over 5— 1 ...	8
No. Partially Deaf (Perceptive):	
under 5—15	
over 5— 8 ...	23
No. Partially Deaf (Conductive):	
under 5—28	
over 5—18 ...	46
No hearing loss but defective speech :	
under 5—38	
over 5— 3 ..	41
No significant hearing loss :	
under 5—36	46
over 5—10 ...	

NURSING SERVICES

Margaretta Marks Jones

At possibly no other time in the history of nursing has so much thought been given to the future development of the nursing profession. The publication of the report of the Platt Committee, "A Reform of Nursing Education," has certainly caused a stir. The report attempts to sort out the dilemma of nursing training in this country, where students are students in name only and where a very high percentage leave without completing their training. The Committee concluded that in order to meet the needs of the service, a well balanced nursing team is essential. Trained nurses would be prepared by two different types of training qualifying for registration and enrolment and the non-nursing duties would be carried out by ward assistants, ancillary to the ward team. The Platt Committee believe that if their recommendations are put into effect the present wastage rate of 37 per cent would be reduced.

1964 saw the publication of the new syllabus for the examination of Health Visitors in the United Kingdom and which has to be implemented in September, 1965. Before this syllabus was issued the Training Council of Health Visitors made a careful study of the ground and the way it needed to be developed. The curriculum has been changed so as to introduce more knowledge about emotional illness affecting the individual and the family.

Whether the publication of this syllabus will assist in recruiting more staff again remains to be seen but above all, let us make sure that when they are recruited they are adequately trained, and trained by members of staff who are themselves satisfied with the work they are doing. The Working Party Report on Health Visiting drew attention to the lack of attractive promotion prospects in the service, and the inadequate opportunities for those with greater ability and experience to assume corresponding responsibility. No doubt this has driven many health visitors to seek satisfaction in other work and has contributed to the scarcity of health visitors.

In the light of various developments, the beginning of the year seemed to be the opportune time to review the domiciliary nursing services. There has been a tendency in the past to regard each section of the nursing services as a separate entity. This of course should be resisted. As two of the Assistant Superintendents of the Home Nursing Service were due to retire, the time seemed opportune to create joint supervisory posts.

From the health visiting aspect it is becoming clear that the administrative arrangements within a health clinic are becoming increasingly complex (e.g. more and more family doctors are participating in the clinic sessions), and the centre superintendent who is in charge of the administrative arrangements and the day to day operation of the clinic sessions, has gradually become overburdened with routine though essential tasks. It is becoming difficult for her to fulfil her true

function as health educator and group adviser. The Council for the Training of Health Visitors have recognised the need for an improvement in the practical training of student health visitors. Some consideration of the arrangements therefore seemed imperative and this was given by the Health and Education Committee and approved by the Establishment Committee when it was agreed to appoint four Divisional Nursing Officers and Deputies to cover the four divisions of the City. These new grades on the establishment will bring about closer integration of the Nursing Services and it is hoped that family doctors and others will find it easier to obtain the full co-operation of the community care services. By bridging the financial gap between the Chief Nursing Officer, her Deputy and the Centres Superintendents, better promotion prospects are afforded and recruitment should improve.

The changes are being made in a gradual and orderly manner in order to maintain and improve the efficiency of the nursing service.

Five full-time health visitors were recruited during the year. Five left by reason of:—

- 2 — marriage
- 2 — to work abroad
- 1 — returned to hospital work

In September thirteen health visitors who had been sponsored by the Department came out of contract and of these, seven joined the domiciliary staff. Of the remaining six, two are still with us in a temporary capacity, one left to take a health visitor's post in Plymouth, two have joined S.A.F.F.A., and one is undertaking Queen's Nurse Training.

The health visitors are also school nurses. This means a portion of their time is spent in school nursing duties not included in this report.

Advising the families in their own homes, carrying out her role as health educator and adviser on a variety of welfare problems, are the main aspect of the health visitor's work. The health visitors still on the whole make their first contact with a family through a visit to a new baby, although today the health problems encountered are very different from those some years ago. There is more awareness of emotional disorders and the health visitors therefore play a major role in giving support and advice to families. This is particularly true with regard to families with a handicapped child, or an elderly person who is demanding so much care and attention that it may affect the physical and emotional health of other members of the family. Thus the time spent by health visitors with individual cases can be considerable.

The health visitors continue to work closely with family doctors although it is obvious that fuller co-operation is secured best in health clinics where the doctors have undertaken the ante-natal care of their patients or participated in the child welfare clinics, and in the health centres in the city where the health visitors have unique opportunities of frequent and detailed discussions of the needs of individual families.

Health visitors continue to carry out routine tests for phenylketonuria, congenital dislocation of the hip, and those health visitors who have received special training also test for hearing defects. Eight more health visitors received this special

training by attending a series of five meetings arranged by two of our medical officers, Dr. H. Gibb and Dr. J. Kaye. The intention is to train all the health visitors so that the test can be carried out on all young babies. Any babies who fail the test are referred for medical assessment at the Hearing Assessment Clinic.

Research

During the year the health visitors have continued to play their part in research programmes, assisting in the enquiries on measles and infective hepatitis. Bristol was also requested to participate in the measles vaccine trial. Health visitors assist in the follow-up enquiries for each child registered, whether vaccinated or unvaccinated. This enquiry is made at three, six and nine monthly intervals following the date of commencing follow-up.

Visitors to the Department

The work of the health visitor in the clinics and on home visits was demonstrated to a number of visitors:

- 282 hospital student nurses
- 53 medical undergraduates
- 12 Diploma of Public Health students
- 27 district nurse students.

Other students included Social Science Students, Matron Housekeeper students and students attending senior courses from the Royal College of Nursing.

Refresher Courses

Every effort is made to keep the health visitors informed of new developments and staff appreciate the opportunities of attending refresher courses and conferences. Two health visitors attended courses arranged by the Health Visitors' Association at Bedford College on the "Aspects of Community Care"; and two attended a course arranged by the Royal College of Nursing at Hull on "Community Care." Health visitors were invited to participate in Ward Sisters Study Days at two of the local hospitals. This gave plenty of opportunity for exchange of information and ideas.

SPECIALISATION

Care of the Aged and Chronic Sick

Four health visitors continue to specialise in the care of the elderly and chronic sick. They find their work interesting and full of variety, with never a dull moment. It can be frustrating at times although very gratifying in the knowledge that theirs is very worthwhile work.

The health visitors welcomed the appointment of two welfare assistants who joined the team in December. It is envisaged that these welfare assistants will do some of the more routine work, thus relieving the health visitors to make use of their skills where they are most needed.

There is close liaison between the health visitors and hospital staff and new opportunities were seized during the year under review. Following a Ward Sisters Study Day at one of the local hospitals, at which our own members of staff participated, arrangements were made for the appropriate health visitors to visit the female orthopaedic ward where a patient has had a prolonged stay and it is feared difficulties may arise when she is discharged to her own home. The health visitor meets the house surgeon, ward sister and the medical social worker to discuss the progress of the particular patient and what assistance may be required at home to maintain progress and rehabilitate the patient in her own surroundings. It may require a visit to the patient's home in the first instance to assess suitability and also to note if any adjustments will be needed prior to the patient's discharge. This scheme appears to be working very well and quite worth the time it entails. The hospital team cannot always visualise the patient in her own home where she has to prepare meals, light fires, etc., which is a very different situation from a centrally heated ward with always someone to give a helping hand when needed. The health visitors do their best to maintain people in their own homes for as long as possible with the domiciliary services available; on the whole elderly people are much happier in their own surroundings.

The draw sheet and night gown service has been most valuable to bedfast and incontinent persons, where relatives find it almost impossible to cope, especially during the winter months. In some instances the loan of the linen is all that is needed but in the majority of cases the laundering and drying is a big problem and without this service there would be even greater demand for hospital admission.

578 convalescent holidays were also arranged during the year. Since the service started many have been able to enjoy two weeks' convalescence, usually at the seaside. In the majority of cases these holidays have benefited not only the elderly folk but also their relatives, who for a couple of weeks have been relieved of the strain of caring for an elderly person.

There is continued demand for the Night Watcher Service which is a service designed to give relief in the night care of very ill patients.

Sometimes the old people are entirely alone or living with another aged person because their families have married and moved away. However, even with a younger person in the house, day and night nursing becomes impossible without relief and their own health is impaired by continued anxiety and loss of sleep. Most of the panel of Night Watchers are mature women with a kindly disposition who know when to be sympathetic and understanding and when to be firm.

Following recommendations of the B.M.A. memorandum on hypothermia in the elderly which emphasised that hypothermia is a medical emergency, health visitors and district nurses were issued with low reading thermometers. A small supply of blankets is available for use in an emergency.

The health visitors are grateful for the ready co-operation of family doctors, district nurses, home helps, welfare officers and hospital staff and all the voluntary workers who are ready to lend a hand when there is a need.

After-care of the Mentally Sick

One health visitor continues to help with after-care and rehabilitation of the mentally sick and works very closely with the Industrial Therapy Organisation.

where further developments continue to take place. The health visitor works in close co-operation with the Mental Welfare Officers and other social workers. The officers of the National Assistance Board visit regularly and show an unvaried interest and willingness to assist in every possible way.

Liaison with Children's Hospital

One health visitor spends a morning each week visiting the Children's Hospital. This liaison proves invaluable both to the health visitor concerned and to the district health visitors.

Premature Babies

The number of premature babies in the care of the health visitors in 1964 was slightly higher than in the previous year. During the year, 508 babies were visited. The care of premature babies in an average home is time-consuming, but where there are social problems, even greater supervision is required.

Chest Department

The work of the Chest Department continues much the same dealing with diseases of the chest.

No. new patients seen	...	...	2,370	} Central Clinic
„ old „ „	...	...	10,162	
Total	...		<u>12,532</u>	

At Southmead Hospital Out-Patients' Clinic where one tuberculosis visitor acts as liaison officer at each session (3 sessions weekly), the figures were as follows:—

No. new patients seen	...	...	486
„ old „ „	...	...	1,956
Total	...		<u>2,442</u>

The home visits paid by T.B. visitors totalled 5,504. This is a decrease on last year. Many patients are returning to work much sooner and do not need home visits. The work with immigrant families is increased by the language difficulty and much time and follow-up is spent with these families.

The nursing staff cover B.C.G. vaccinations in schools and also the B.C.G. vaccination of contacts of patients. The follow-up of contacts continues to be the most important part of the work in the prevention of tuberculosis. Special visits to all types of industry in Bristol have been justified; welfare and personnel officers have been most helpful in working with the T.B. visitor.

Ancillary Nursing Services

The employment of full-time clinic nurses and sessional nurses provides relief for the health visiting service of duties which do not call for the use of the health visitors' skills. Many clinic duties need the skills of a State Registered Nurse but some can be undertaken by State Enrolled Nurses.

An adequate establishment of clinic helpers and clinic assistants was maintained during the year. It is interesting to record that of 26 clinic assistants who left during the year at the age of 18 years, 21 commenced general nurse training, 2 State enrolled nursing, 2 took clerical posts and 1 dental training.

The establishment of 4 full-time and 2 part-time physiotherapists remained unchanged. As in previous years, the full-time members of staff spend a limited amount of time in visiting and carrying out treatment in the Old People's Homes in the city, which is done by arrangement with the Welfare Services Department.

Health Visitor Training

Bristol Corporation sponsored sixteen students to take the course of training for health visitors arranged by the University of Bristol in 1963-64. They were all successful in the examination and are now practising health visiting within the city. There are thirteen students sponsored for the course at present in progress, 1964-65.

HOME NURSING SECTION

Staff :—31st December, 1964

Senior Superintendent ...	...	1
Divisional Nursing Officers ...	...	4
Queen's Nursing Sisters ...	...	54
Male Queen's Nurses ...	...	4
State Registered Nurses ...	...	7
State Enrolled Nurses	4
Student Queen's Nurses	5
Part Time Staff	12

Total ...	91
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Students trained during the year :—

Staff Students	17
Counties Students	12

Total ...	29
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Recruitment

It has been a satisfactory year. All areas of the city were covered and more adequate coverage was available for holiday and sickness relief.

During 1963 incontinence pads were used in limited quantities in conjunction with the loan of linen for certain selected patients and proved most satisfactory. Staff made the following points in their favour:

1. There is less likelihood of bedsores as they are less irritating to the skin and more comfortable for the patient.
2. They are much better than linen for the use of the doubly incontinent patient, being easily removed and disposed of.
3. Sluicing and the storage of offensive, soiled linen awaiting collection is eliminated.
4. Relatives are more easily able to cope between nurse's visits.

We have increased the use of pads from 756 dozen in 1963 to 3,240 dozen in 1964 and hope we may continue to use them for all doubly incontinent patients being nursed by the District Nurses and also for the limited number of severely handicapped spastic children whose relatives endeavour to cope at home.

The methods of disposal of pads at present are :—

1. In flats they are securely wrapped in newspaper and put into the rubbish chute.

If they are offensive they are wrapped and taken to the caretaker in the same way as soiled dressings and special arrangements are made for their incineration.

2. In houses where garden refuse is burnt, they are burnt, but in other cases they are wrapped and put into bins.

We feel incineration would be best, but adequate facilities are rarely available.

Sterile Supplies.—The use of disposable sterile syringes and needles has been most beneficial, proving a saving of time to staff. We have been interested in the various sterile dressing packs used in other parts of the country and hope it will soon be possible for a central sterile supply to be available for use in the homes.

This too would be beneficial, giving rise to a more efficient dressing technique, a saving of time and the elimination of boiling instruments and baking dressings, saving the use of patients' gas or electricity, which can be costly to them.

The use of sterile packs could also mean an economic use of dressings and the avoidance of wastage.

Routine Clinistix Test for sugar is now carried out on all new patients with a view of detection of unsuspected diabetes.

Statistics for the year ended 31st December, 1964, are given below and in the analysis of cases there has been a change in method compared with the figures in the previous Annual Reports.

<i>Summary of total cases</i>	<i>1964</i>	<i>1963</i>
Number brought forward January 1st	1,820	1,799
New cases attended during the year	4,620	4,682
Transferred Cases	149	140
Cases taken off (See analysis below)	4,590	4,634
Remaining on books December 31st	1,829	1,820
Total number of visits paid to all cases	227,484	228,751
Night Calls — Visits between 8 p.m. and 8.30 a.m. ...	1,333	1,736

Of the 1,829 cases remaining on the books, 25·3 per cent were males, of whom 17·7 per cent were over the age of 65. Females over the age of 65, however, represented 56·2 per cent of those remaining under treatment at the year's end. Almost half of the cases had been visited for the first time during 1964, whilst almost a quarter had been on the books for a year or more. There were 72 cases (3·9 per cent) who had been under treatment for ten years or more.

Summary of Completed Cases i.e. cases taken off book

<i>Cases sent by:—</i>	<i>1964</i>	<i>1963</i>
Doctors	3,418	3,573
Hospital Authorities	971	901
Health Department	101	75
Patients Friends	100	85
<i>Cases Discharged</i>		
Convalescent	1,581	1,591
Transferred to Hospital	1,365	1,365
Deaths	929	1,015
Removed for Other Causes	715	663

<i>Analysis of Cases</i>							1964		1963	
							<i>Cases</i>	<i>Visits</i>	<i>Cases</i>	<i>Visits</i>
Tuberculosis	...	...	...	...	...	...	68	2,453	57	1,767
Other Infectious Diseases	...	...	...	...	...	...	44	900	34	412
Parasitic Diseases	...	...	...	...	...	...	—	—	2	12
Malignant and Lymphatic Neoplasms	...	...	...	...	...	...	396	10,311	349	10,314
Asthma	...	...	...	...	...	...	7	100	8	260
Diabetes Mellitus	...	...	...	...	...	...	152	7,455	172	12,027
Anaemias	...	...	...	...	...	...	162	2,367	144	2,035
Vascular Lesions affecting Central Nervous System	...	...	...	...	...	...	429	9,224	463	9,531
Other Mental and Nervous Diseases	...	...	...	...	...	...	90	1,912	96	3,089
Diseases of the Eye and Ear	...	...	...	...	...	...	30	772	24	324
Diseases of the Heart and Arteries	...	...	...	...	...	...	537	11,348	568	12,231
Diseases of the Veins	...	...	...	...	...	...	118	3,844	103	2,536
Upper Respiratory Diseases	...	...	...	...	...	...	47	376	72	537
Other Respiratory Diseases	...	...	...	...	...	...	361	5,234	447	6,519
Constipation and Diseases of Digestive System	...	...	...	...	...	...	547	5,669	519	5,127
Diseases of Urinary System and Male Genital Organs	...	...	...	...	...	...	51	831	62	1,183
Diseases of Breast and Female Genital Organs	...	...	...	...	...	...	64	747	86	1,107
Complications of Pregnancy and Puerperium	...	...	...	...	...	...	204	1,655	99	792
Diseases of Skin and Subcutaneous Tissues	...	...	...	...	...	...	153	3,043	136	3,126
Diseases of Bones, Joints and Muscles	...	...	...	...	...	...	141	2,915	166	3,759
Injuries	...	...	...	...	...	...	124	2,269	157	2,824
Senility	...	...	...	...	...	...	291	6,509	310	7,953
Other defined or ill-defined Diseases or Disability	...	...	...	...	...	...	230	3,888	197	3,842
Diseases not Specified	...	...	...	...	...	...	344	749	362	792
Total							4,590	84,571	4,634	92,099

Included in above figures

Medical	...	...	...	...	...	...	3,613	63,990	3,806	73,769
Surgical	...	...	...	...	...	...	661	15,573	638	15,359

<i>Age Groups</i>				<i>Cases</i>	<i>Visits 1—24</i>	<i>Cases</i>	<i>Visits 25+</i>
0—4	...	...	...	29	194	3	85
5—14	...	...	...	45	326	2	51
15—44	...	...	...	611	4,625	58	3,028
45—64	...	...	...	810	5,815	204	12,467
65+	...	...	...	2,170	19,068	658	38,912

Looking at the cases discharged during the year, which were slightly fewer than the preceding year, it will be seen that the number of cases arising from pregnancies were twice as high as 1963. Cases and visits relating to diabetic patients continued to decline and although anaemias represent only a small proportion of the cases, their numbers did increase again this year.

HOME HELP SERVICE

M. R. Epplestone, S.R.N., S.C.M., H.V.
(Home Help Superintendent)

This has been a difficult year for the Department due chiefly to the slowness in recruitment of and extra leave for Home Helps who have completed five and twelve years in the Department.

At the end of the year there were 18 full-time and 601 part-time Home Helps. The number of hours of assistance given in all types of work was 655,758.

The Work of the Service

An analysis of patients helped during 1964 as compared with 1963 is shown:—

<i>Nature of Cases</i>	<i>1963</i>	<i>1964</i>
Confinements	307	319
Young Children to be cared for	140	163
Acute sickness	141	145
Aged, infirm or chronic sick over 65 yrs. ...	3,384	3,460
Chronic sick under 65 yrs.	79	151
Mentally disordered	11	12
T.B.	10	12
	<hr/> 4,073	<hr/> 4,262

Visits paid by Superintendent and two Assistants

	<i>1963</i>	<i>1964</i>
Primary visits	2,229	2,409
Subsequent	2,240	2,071
Cases not proceeded with	35	37
Blank visits	409	448
	<hr/> 4,913	<hr/> 4,965

2,409 new calls for help have been received and visited this year. Unfortunately we have not been able to meet all of them and the large number of people on the awaiting help list has given rise to a great deal of anxiety.

Each urgent application has been investigated quickly and help sent immediately if required. Other calls were investigated within 48 hours.

The Home Helps continue to do many duties outside their allocated time and often bring in their families and relatives to help the old people, doing jobs which they themselves are unable to do.

One Home Help was commended by the Chief Fire Officer for her presence of mind when a fire occurred through soot falling down the chimney where she was working.

Recruitment

Recruitment has been extremely slow this year and the number of applicants interviewed over the year only 234.

Of these, 194 only started and 59 have already left; five were dismissed, leaving 130 on the permanent staff. Of the other 40 who applied, 15 failed to report for work, three failed the medical examination, five cancelled their applications and 17 were unsuitable.

Staff

No changes have taken place in the staff this year, but we congratulate the junior clerk, Miss Maisie Fowler, on receiving the Duke of Edinburgh's Gold Medal Award.

We have had many students to the Department during the year and talks and discussions have also been held. Requests for talks about the Home Help Service have been received and given to outside bodies who were interested.

We should like to record our thanks to all those who have been so helpful and co-operative over the year.

HEALTH EDUCATION

P. Mackintosh
(Health Education Officer)

The year 1964 was my tenth year as Health Education Officer for the City. During that period many changes have taken place which in many cases have led to a great increase in health education activities.

Perhaps the greatest change which has taken place is the conception of health education, especially by professional people. Health education is no longer regarded as just the teaching of hygiene, child care, sanitation, etc.; the view held by more and more people is that it is the teaching of a way of life. Health educators in the Health Department may be the leaders in this field, but they recognise that many other people, outside the Department, have a contribution to make—viz. parents, schoolteachers, youth leaders, clergymen, and indeed many “lay auxiliaries,” such as members of the speakers’ panel of the Home Safety Council.

In 1954, although mothercraft had for many years been taught in the antenatal classes, at six centres a new method of ‘team’ teaching of parentcraft was being developed. Today, parentcraft clubs are a permanent feature of the education of expectant mothers and their husbands in all the City clinics, a programme in which medical officers, health visitors, midwives, physiotherapists and the Nutritionist play their part.

With more officers in the Department participating in health education, we are extending our teaching to a wider variety of audiences. Ten years ago we were experimenting with a school leavers’ course at one secondary modern school; during the past 12 months, single talks and series of talks have been given in three grammar schools, four secondary modern and four comprehensive schools. The talks have been given by school doctors and nurses, public health inspectors, the Chief Ambulance Officer, the Health Education Officer and the Assistant Health Education Officer, the Nutritionist, Dental Officers and Dental Auxiliaries. The subjects of the talks varied a good deal according to the demands of each school but in the main they covered such topics as: the National Health Service, the various services of the Public Health Department, sex education and venereal diseases, smoking and health, the prevention of home accidents, nutrition and health.

With more pupils taking ‘A’ level Human Biology and Home Economics, and the introduction of the new C.S.E. syllabus, it is likely that requests for further talks will increase, and some thought must be given to the most economic employment of staff in these circumstances.

In addition to health education carried out by officers in the parentcraft classes and schools, many talks were given during the year to women’s organisations, parent-teacher associations, old-age pensioner associations and a few youth organisations. It is to be hoped that in the future, more time will be devoted to youth organisations; this prospect will be something of a challenge, since the techniques of health education will be quite different from those used with other groups.

If it develops, health education in youth clubs will not be formal, but more incidental, and rather in the nature of health counselling.

In order to carry out a wider programme of health education it is necessary to encourage more people to take an active role and in this respect, the Department has been fortunate in the number of medical officers, health visitors and health inspectors who wish to participate. They are keen and eager to learn about the subject, how to communicate with various groups and how to use the many aids available to them. During the year, several medical officers spent up to six sessions in the Health Education Section, finding out more about the subject of health education, pre-viewing and pre-testing visual aids, and in one or two instances making their own aids for talks which they had been asked to give.

In 1964, a total of nearly 1,300 talks were given by members of staff. The main contributors to this programme were: health visitors, 526 talks (mostly in parentcraft clubs); midwives, 255 (again mostly in parentcraft classes); dental officers and dental auxiliaries, 153; public health inspectors, 140; medical officers, 31 (excluding parentcraft classes); Nutritionist, 52; and Health Education Officer, 75. The scheme whereby an Assistant Medical Officer attended Redland College for three sessions per week, was continued during 1964. The Medical Officer lectures on health education, to first, second and third year students, as well as to graduate teachers attending the College for special courses; he has identified himself very closely with staff and students, and his services are very much appreciated.

To enable our health educators to present their subjects in an attractive and interesting manner, considerable use is made of the many audio-visual aids provided by the Health Education Section. Films are popular media, used to inform and to stimulate discussion; the Department's officers used films on 415 occasions, 146 of which were evening parentcraft sessions. Considerable use is made of the library of nearly 300 filmstrips, and an aid which is being used much more frequently now is the flannelgraph. Apart from those flannelgraphs which have been purchased, many more have been made to illustrate particular talks.

SMOKING AND HEALTH

In June, 1963, a clinic for the control of cigarette smoking was started in the Central Health Clinic. The work of this clinic was outlined in the annual report for 1963. In the Monthly Bulletin for January, 1965, Dr. J. M. Joshua, the Medical Officer in charge of this clinic reported on the progress made up to the end of 1964. He stated:—

“Of 199 candidates attending the course, one-fifth of them failed to report after the first session. The proportion of candidates who stopped smoking completely or who greatly reduced their smoking was closely associated with their keenness to attend the clinic and of the 98 who attended the full course, 70 per cent had greatly benefited. The corresponding figure for those attending three sessions was over 50 per cent and for two sessions less than 25 per cent. At the follow-up, half the candidates failed to attend or return the questionnaire. Of those who attended, 34 per cent continued to be successful in their attempt to stop smoking and 11 per cent had greatly reduced their consumption. Four patients were referred for psychotherapy, while the remainder had either relapsed or failed to make any reduction.

These clinics are new ventures into the realms of preventive medicine and techniques are on trial throughout the country. Teams exchange knowledge on a national level in regard to management and remain flexible to modify techniques to aid people who seek advice. In this way, we hope in time to stem the rising death rate from conditions in which cigarette smoking is implicated."

During the year the Ministry of Health posters on smoking and health were used extensively, over four hundred sites being used for display.

REPORT OF THE COHEN COMMITTEE

In May, 1964, the long-awaited Report of the Cohen Committee on Health Education was published. It was encouraging to note that many of the things which the Committee recommended have been established practice in Bristol for many years. On the other hand, other recommendations have stimulated our ideas for future developments. An interesting recommendation was that there should be greater opportunities for training health educators, i.e. more institutions where persons could obtain a qualification in health education. About eighteen months before the Report appeared, we had in Bristol exploratory talks with the staff of the Institute of Education, with a view to establishing a diploma course in health education. Further talks have proved valuable, and it seems not unlikely that such a course may eventually be established here.

THE MENTAL HEALTH SERVICES

H. Temple Phillips

(Chief Assistant Medical Officer of Health and Senior Medical Officer for Mental Health)
and

F. Morton

(Mental Health Officer)

INTRODUCTION

The year 1964 has seen the opening of Bristol's first residential accommodation under Section 6 of the Mental Health Act—a short-stay unit for 19 mentally handicapped children in association with the Bush Training Centre; Devon House, for 14 men and women recovering from mental illness; and Marlborough House, for 24 subnormal men. The opening of the latter has brought to fruition plans conceived nearly ten years ago. Bristol was early in the field in attempting to set up mental health hostels and sought to acquire for this purpose Mortimer House in 1956 and the Station Hotel, Ashley Down, in 1957. However, these early efforts had to be abandoned largely because of unfavourable public opinion.

Up to the time of writing, the demand for residential accommodation has been considerably less than was anticipated, and, with the exception of a home for mentally disordered old people (for which plans are already well advanced), the Committee has decided to defer for the time being the provision of further residential accommodation.

Another important event during the year was the transfer, in February, of the Mental Health Section's offices from Marlborough House to the premises at 12 Lower Castle Street formerly occupied by the City's Welfare Services Department. The old offices at Marlborough House had become very cramped with successive increases in staff and the new accommodation has greatly improved working conditions and afforded the social workers some privacy in interviewing their clients. The P.A.B.X. telephone system which has been installed has eliminated an enormous amount of frustration and wastage of time in making telephone calls, as well as making it much easier for doctors and others to ring up the mental health section from outside.

The difficulty in recruiting psychiatric social workers to fill senior mental welfare officer posts has continued, and the section lost two such officers at the end of the year. This loss was partly offset by the return to duty, as a qualified psychiatric social worker, of a former trainee mental welfare officer.

There has been a heavy demand for adult places at the Bush Training Centre, with the result that the adult section has filled up—and, indeed, become overcrowded—much sooner than had been anticipated. The adult section, designed for 150, already has 189 names on its register. It is hoped that the workshop at Marlborough House, opened in August, 1964, will relieve this pressure to some small extent. The pressure on the Junior Training Centre has not been felt to the same extent. This was designed to accommodate 200 trainees, and at the end of 1964 had 146 names on its register.

ORGANISATION AND STAFF

The Health Committee is responsible for the control of the Mental Health Services, and has established a Mental Health Sub-Committee which meets monthly. The Medical Officer of Health is responsible to the Health Committee for the organisation and control of the Mental Health Services. To assist him in this work he has the services of a Chief Assistant Medical Officer of Health as Senior Medical Officer for Mental Health, and the following medical and non-medical staff:

	Establishment	Staff at 31.12.64	Whole or part-time
<i>Medical</i>			
*Consultant Psychiatrists	3	3	part-time
<i>Non Medical</i>			
Mental Health Officer	1	1	whole time
Deputy Mental Health Officer	1	1	"
Senior Mental Welfare Officers	4	3	"
Senior Mental Welfare Officers	4	1	part-time
Mental Welfare Officers	6	6	whole time
Trainee Mental Welfare Officers	3	2	"
Welfare Assistants	3	2	"
*Lay Psychotherapist	1	—	"
*Senior Psychiatric Social Worker	1	1	"
*Psychiatric Social Worker Teacher Supervisor	1	—	"
*Psychiatric Social Workers	5	3	"
*Social Worker	1	1	"
Senior Clerical Assistant	1	1	"
Secretary	1	1	"
Clerical Assistant	1	1	"
Clerks	2	2	"
*Clerk/Receptionist	1	1	"
Shorthand Typists	2	2	"
*Shorthand Typists	6	6	"
*Employed in Child & Family Guidance Service (joint service with Local Education Authority)			
<i>Training Centres</i>			
Chief Supervisor	1	1	whole time
Supervisor	1	1	"
Assistant Supervisors	13	13	"
Trainee Assistants	5	4	"
Educational Psychologist	1	1	part-time
Speech Therapists	3	3	"
Teacher of the Deaf	1	—	"
Physiotherapist	1	1	"
Nursing Sister	1	—	"
Workshop Manager	1	1	whole time
Instructors	9	7	"
P.E. Instructor	1	1	"
General Duty Assistants	5	3	"
Clerical Assistant	1	1	"
Shorthand Typist	1	1	"
Caretaker	1	1	"
Assistant Caretaker	1	1	"
Guides	9	8	part-time
Gardener Class I	1	1	whole time
Gardener Class II	1	—	"
Cleaners	12	11	part-time
Chargehand Laundrywoman	1	1	whole time
Laundrywoman	1	1	"
Kitchen Superintendent	1	1	"
Assistant Cooks	2	2	"
Assistant Cook	1	1	part-time
Kitchen Helpers	8	7	"

						<i>Establish- ment</i>	<i>Staff 31.12.64</i>	<i>Whole or part-time</i>
<i>Clubs</i>								
Occupational Therapist	...	...	...	...	...	1	1	whole time
Handicraft Instructor	...	...	...	...	...	1	1	"
Handicraft Instructor	...	...	...	...	...	1	1	part-time
Club Organiser	...	...	...	...	...	1	1	"
Assistant Club Organiser	...	...	...	...	...	1	1	"
Caretaker	...	...	...	...	...	1	1	"

<i>Hostels</i>								
Wardens	...	...	...	...	...	2	2	whole time
Matron Housekeepers	...	...	...	...	...	2	2	"
Matron	...	...	...	...	...	1	1	"
Assistant Matrons	...	...	...	...	...	2	2	"
Assistant Wardens	...	...	...	...	...	2	2	"
Cooks	...	...	...	...	...	2	2	"
Cleaners	...	...	...	...	...	4	4	part-time

In addition, the Professor of Mental Health acts as Honorary Consultant Psychiatrist to the Health Committee, and a Consultant Psychiatrist attends for one morning per week on a sessional basis.

STAFF CHANGES

During 1964 there have been a number of changes of social workers employed in the community mental health service.

Mr. C. D. Fisher, Senior Mental Welfare Officer, returned to duty in July, 1964, having successfully completed the written examination of the special one year course of the National Institute for Social Work Training, held in London. It will be necessary for him to return to the Institute for two further short periods during the early part of 1965.

Miss J. Purgold, who was previously employed as a trainee mental welfare officer, completed a mental health course at Edinburgh University in September, 1964, and upon her return to duty was appointed Senior Mental Welfare Officer with effect from 7th October, 1964.

Mr. F. Stott was appointed Mental Welfare Officer, joining the section on 2nd March, 1964.

On 27th July, 1964, Miss J. Bane took up her duties as a Mental Welfare Officer, having obtained the Certificate in Social Work at the Bristol College of Commerce. She had previously been employed as a welfare assistant in the Health Department.

Mrs. H. T. Ahtow was appointed to the post of trainee mental welfare officer as from 4th August, 1964.

During the year two psychiatric social workers holding senior mental welfare officer posts left to take up employment in other parts of the country, viz. Miss S. A. Ross, who moved to Scotland on 6th December, 1964, and Mrs. M. C. Helfrich (joint appointment with Glenside Hospital), who went to Leeds on 28th December, 1964.

Mrs. W. Field vacated her post as mental welfare officer on retirement on 25th July, 1964, but she has continued to serve the section as a part-time club organiser.

Consequent upon the opening of three hostels which are reported upon later, two wardens, three matrons, two assistant wardens and two assistant matrons have been appointed together with domestic staff.

In addition there have been a number of changes in the clerical, training centre and club staffs.

COURSES AND CONFERENCES

The Annual Conference of the National Association for Mental Health was held on the 27th and 28th February, 1964, in London, and was attended by the Vice-Chairman of the Health Committee, the Senior Medical Officer for Mental Health and the Mental Health Officer.

From the 3rd to 6th April the Federation of Associations of Mental Health Workers held their annual conference at Blackpool. This conference was attended by the Mental Health Officer and the supervisor of the Bush Training Centre.

Four members of the social worker staff attended a Refresher Course in mental health organised by the University of Bristol Departments of Extra-Mural Studies and Public Health, held from the 6th to 10th April, 1964, at Wills Hall, Bristol.

A weekend conference for training centre and hostel staff, arranged by Somerset County Council, was held at Dillington House, Ilminster, from the 22nd to 24th May, and was attended by a member of the Junior Training Centre staff.

On the 6th June, 1964, the National Association for Mental Health held a one-day conference at the Bush Training Centre for local associations in Wales and the South West of England.

A short course, organised by the Council for Training in Social Work, was held in London from the 2nd to 4th July, 1964. This course was intended for senior health and welfare field officers responsible for social workers trained under the Younghusband scheme, and was attended by the Deputy Mental Health Officer.

The Senior Medical Officer for Mental Health attended a seminar at the Tavistock Institute of Human Relations in London from the 6th to 10th July, 1964.

A residential course for mental welfare officers and psychiatric social workers organised by the National Association for Mental Health, was held at Reading on the 10th and 11th July, 1964, and was attended by a senior mental welfare officer.

Birmingham was the setting of a further National Association for Mental Health course for staff of Junior Training Centres. This course was held from the 23rd to 31st July, and was attended by a member of the Junior Training Centre staff.

Dementia in the Elderly was the theme of a conference organised by the National Association for Mental Health, in London, on the 8th and 9th October, and was attended by the Mental Health Officer.

On the 31st October, 1964, the half-yearly meeting of the National Society for Mentally Handicapped Children was held at the Bush Training Centre.

Wiltshire Local Health Authority held a course for staff of Junior Training Centres from the 16th to 18th November, 1964, and this was attended by a member of the Junior Training Centre staff. A member of the Adult Training Centre staff also attended a course organised by Wiltshire County Council for staff of Adult Training Centres from the 18th to 20th November, 1964.

SUBNORMALITY AND SEVERE SUBNORMALITY

At the end of 1964 the number of subnormal and severely subnormal persons known to the Local Health Authority was 876. This shows a reduction of 11 on the figure for 1963, occasioned by the fact that during the year 111 were discharged from community care, whilst 100 new cases of subnormality and severe subnormality were referred. These came from the following sources:—

From :	<i>M</i>	<i>F</i>	<i>Total</i>
Hospitals	15	11	26
Local Education Authority	15	18	33
Police	1	—	1
Others	20	20	40
Total ...	51	49	100

They were dealt with in the following manner:—

	<i>M</i>	<i>F</i>	<i>Total</i>
Informal Supervision & After-Care	46	44	90
Admitted to hospital:			
Informally	1	1	2
As detained patients	1	1	2
Placed under guardianship	—	1	1
Action unnecessary or Supervision refused	1	1	2
Pending action at 31.12.64	2	1	3
Total ...	51	49	100

Waiting List

At the commencement of 1964 there were 14 names on the waiting list for admission to hospitals for the subnormal and severely subnormal, and during the course of the year 13 names were added. Of this total of 27, 11 were admitted to hospital, and in 4 cases admission became unnecessary. This left a total of 12 awaiting admission at the 31st December, 1964. Of these, five (one male and four female) were classed as urgent, and seven (four male and three female) as non-urgent.

In addition to the 11 admitted from the waiting list, it was necessary to admit a further 32 as a matter of urgency, making a total of 43 admissions during 1964. These admissions were arranged in accordance with the following provisions of the Mental Health Act, 1959:—

	<i>M</i>	<i>F</i>	<i>Total</i>
Section 5 (Informal)	15	13	28
Section 26 (Treatment)	6	4	10
Section 29 (Emergency)	—	1	1
Section 60/61 (Court Order)	2	—	2
Transfer from Guardianship	—	2	2
Total ...	23	20	43

Short-term care was provided in 93 cases as follows:—

To:		<i>M</i>	<i>F</i>	<i>Total</i>
Hortham Hospital	... ..	7	8	15
Stoke Park Hospital	... ..	14	15	29
Others	... ..	3	—	3
Bush Training Centre Residential Unit	...	24	22	46
Total	...	48	45	93

Assessment Clinics

Sessions have continued to be held at the Central Health Clinic, on the second Tuesday of each month, by Dr. Lumsden Walker (12 sessions) and on the first and fourth Tuesdays as required by Dr. Jancar (18 sessions).

The number of attendances was as follows:—

				<i>Dr. Jancar</i>		<i>Dr. Walker</i>	
				<i>New Cases</i>	<i>Follow-Up</i>	<i>New Cases</i>	<i>Follow-Up</i>
Bristol cases	...	...	...	23	21	3	19
Other cases	...	...	...	21	3	12	10

The clinics provide a valuable opportunity for liaison between hospital, local health authority, general practitioners, and relatives. Whilst their main function is to provide facilities for assessment—including assessment as to suitability for hostel or hospital—they also fulfil a supportive role, and help to keep patients in the community.

Dr. Jancar has continued to run his clinics in conjunction with his in-patient assessment unit at Hanham Hall Hospital.

Students from various disciplines have attended the clinics during the year. Those from the nursing field have gained some insight into community care, whilst those from the social work field have benefited from their contact with the hospital consultants.

The consultants have commented favourably on the fact that local health authorities now usually send up-to-date psychological assessments with the patients they refer.

BUSH TRAINING CENTRE

The Bush Training Centre has now been open for more than eighteen months, and in this time considerable developments have taken place. The chief aim has been to put into effect the words and spirit of the 1959 Mental Health Act and to keep abreast of modern ideas and progressive attitudes as regards the training of the mentally handicapped. The interest and enthusiasm which the new building has aroused have continued unabated, and during the year we have received many visitors. Their genuine interest has been stimulating and helpful in maintaining contact with progress in other parts of the country and indeed in other parts of the world.

With the opening of the residential unit, all sections of the training centre are in full swing, and numerically the population has considerably increased. The residential unit has, naturally, a fluctuating population, but the numbers attending



Bush Training Centre — Residential Unit



Bush Training Centre - Residential Unit

both the Junior Training Centre and the Adult Training Centre have risen considerably. The numbers on the register at the end of 1964 were as follows:—

		<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Average Daily Attendance</i>
Junior Training Centre	...	84	62	146	121
Adult Training Centre	...	100	89	189	154
Total	...	184	151	335	275

Special Care Unit

In pursuance of the policy outlined in last year's report, the 18 children in the Special Care Unit have been divided into three groups. Firstly, young entrants who, after a period of observation and training, should be transferable to the Junior Training Centre; secondly, a group which consists of hyperactive, maladjusted and some autistic children, who are unsuitable at the moment for inclusion in a teaching environment; and thirdly, a group of mentally subnormal multiple-handicapped, who are unable to profit by teaching instruction. In addition, seven children from outside the Bush Training Centre have attended for varying periods whilst staying in the residential unit.

From the first group, during the year, three children under five have become capable of mixing satisfactorily with the nursery group of the Junior Training Centre and these have been added to the appropriate group. In addition, one older girl with severe handicap, both physical and mental, has been received every afternoon in the junior class most suited to her age and ability, thereby increasing her social opportunities and stimulating interest. The Special Care Unit staff has been increased to three Assistant Supervisors, one a N.A.M.H. qualified teacher. Two full-time helpers are provided to give necessary aid, particularly at toileting and meal times, thus giving a supervisory staff/child ratio of 1:6. We are fortunate to have as well the part-time services of a physiotherapist, who is especially interested in the work and gives unsparingly of her time and skill. She visits the homes of her pupils to give instruction in child management and therapeutic routines to parents concerned, and has regular periods for remedial work in the swimming pool.

Residential Unit

This section is under the care of a full-time resident Matron, one resident Assistant Matron and one non-resident Assistant Matron, and commenced activities on 23rd May, 1964. During this time 46 boys and girls have stayed in the unit for periods varying from 1 night to 3 months. The ages have ranged from a few months to 15 years. As a consequence of this service a number of parents have benefited very greatly by being free from the continuous strain of managing the subnormal child. The unit has been used to care for children whose mothers have been temporarily prevented from managing at home, either through illness or hospitalization. Again, children with behaviour difficulties have come for observation, in the hope of finding and establishing a suitable routine and contributing to good habit formation. The staff have worked with enthusiasm to carry out these

very demanding duties and have succeeded in creating a happy, homely environment for their young visitors.

Junior Training Centre

The school population at this centre is divided into nine classes (two nursery groups, four classes at junior level, and three at senior level) and is run on a co-educational basis throughout. Mixed classes for boys and girls of the senior age, that is of 15-17 years, were introduced on 25th May, 1964, and naturally gave rise to a few problems in the early stages. Segregation of the sexes in adolescence is a very undesirable system, however, and a serious disadvantage to boys and girls whose social training for mixing in the community is of great importance, and who are, in any case, expected to work side by side with each other when they reach the Industrial Unit. It is, therefore, considered advisable that no such unnatural break as separation into girls' classes and boys' classes should be imposed during these two adolescent years. It is confidently held that the familiar presence of the other sex throughout the Junior Training Centre will help boys and girls to behave more, rather than less, sensibly towards each other. Boys and girls alike have profited by and obviously enjoyed the mixed classes of housecraft and carpentry.

The introduction of a transitional stage between school and workshop has proved, in operation, to be a helpful and practical scheme. In general, boys and girls at 16 years of age now spend one day a week at the Industrial Unit and this is gradually increased to two and then three days a week, until at their 17th birthday, they transfer finally to the Adult Centre. In this way, the transition from childhood to adulthood has proved to be more easily undertaken by many boys and girls who were naturally somewhat overwhelmed by an overnight jump from school to workshop. It is not often now that those who make the change in this way are seen haunting the Junior Training Centre, or standing about under the windows of their old classroom; and yet the group of newly fledged young adults appear to be very willing to return to school for one day a week to benefit for another year by further instruction of an essentially practical nature. This day is divided between practical training and social education given by two of the teaching staff of the Junior Training Centre. During the year, only one boy regarded this arrangement with displeasure, but he had come to the Adult Training Centre direct from E.S.N. school, so that he was entirely unfamiliar with the Junior Training Centre, and just could not adapt to the new regime.

One important change which has taken place in the calendar of the Junior Training Centre is the extension of annual holidays. In order to come into line with the majority of similar training centres, the Health Committee has increased the allocation of holidays from six weeks to ten weeks during the year. This was a step which was taken as a result of prolonged consideration and discussion, and the best way of reconciling the needs of the children, the staff and the parents. By spreading the extra holiday time over the whole year it has been possible to avoid a very long break in the summer. In the few cases where these extended holidays have incurred serious hardship to parents, admission to the Residential Unit has been arranged.

Adult Training Centre

This year a greater variety of industrial contracts has been obtained from local firms, and this has made it easier to grade jobs to the particular capacity of the individual trainees. During the year, 37 came into the Adult Training Centre and three young women left to take jobs in the open labour market.

During the past year we have given considerable thought to developing a training programme for the adults, to run concurrently with their industrial work. A considerable amount of time is now being devoted to the creation of a scheme for increased "social education" which will include the majority of adult workers. It is now generally realised that many boys and girls continue to develop mentally in the years after they have left school. This being the case, there is a certain responsibility to provide the right training for these late developers, and to give them a further chance of profiting by special instruction.

Many of the tasks carried out by our young men and women in the industrial unit are of a standard of difficulty equal to those carried out at the benches in the ordinary factory, and a small percentage of our trained workers would be able to hold their own, from the point of view of accuracy and speed, in such an industrial environment. However, skill for the job is not enough, and the reason why the mentally subnormal often fail to hold down competitive jobs of this type is that they lack the capacity to keep afloat in the open sea of the community. A normally intelligent person, through the years, picks up, without being specifically instructed, a large amount of miscellaneous but essential information. The subnormal, on the other hand, unless specifically and repeatedly instructed therein, will not absorb this sort of knowledge. For example, they may not be aware of the different social attitudes which people automatically adopt in various situations—they may not know that in talking to the foreman and to fellow workers there are differences of approach. The approach to the interview for the job is itself something to be learned; so are the acceptance of discipline in time keeping, the futility of taking offence too easily, and the ability to give and take in relationships within the social group. Each must be learned as a separate process.

There is also a need for self-dependence—the individual will not survive long socially if he can be grossly imposed upon. This is not cynicism but merely facing the fact that there are always some people ready to take advantage of the weaker elements, who are unable to refrain from using their superior powers to abuse or ridicule others. They find an easy prey in those not able to understand what is acceptable and what is not, in the sort of behaviour demanded by the ordinary conditions of a working day.

All this is the kind of knowledge that is included under the heading "social education" and so far the adults have not been given sufficient opportunity to try to equip themselves with this weapon in facing up to life. It is this social inefficiency that frequently accounts for the failure of our more industrially promising young men and women to make good progress when they take up a job; and why they often fail to keep employment, when basically they have the necessary standard of skill with which to gain success. Training provided in the junior section of the centre has a practical bias, but clearly this needs to be supplemented after the age of seventeen, in an effort to fill in some of these gaps, and in the hope of catching and stimulating the late learner.

It is foreseen that, initially, there will be an experimental group of about 20 young people who will be selected to spend regular periods of time within the working week for social education in small groups. The task of the instructor will involve planning and preparation of a practical programme of instruction designed to meet the needs of these individuals. Outside trips under supervision are being organised to demonstrate appropriate social behaviour in a variety of everyday situations, e.g. in the bus, in the Post Office, in shops, on the telephone, in cafes, at the railway station, etc. Time taken thus from the workshop routine should be a good long-term investment from the individual standpoint, and is comparable to the modern practice by which young trainees and apprentices spend one day of the working week at technical schools or colleges, for the purpose of further training. Experience gained in organising and carrying out social training for the first small groups of trainees will be utilised to point the way for further expansion, to include greater numbers and to deal with different levels of ability.

Work of Educational Psychologist

This year's sessions have been divided between routine testing, participation with other members of the staff in replanning time tables, etc., student sessions, and about the usual number of outside assessments for the Mental Health Service. Psychological tests have been given as a matter of routine on the occasion of the medical examinations which have usually taken place weekly. A regular medical examination is a valuable check on the physical condition and progress of the individual, and the examining doctor is provided with up-to-date information on each person he interviews, by a report from the psychologist, one from the class teacher, and to complete the picture, by the presence of one or both parents at the interview, when possible. These regular psychological assessments are also helpful in checking on progress in school, and the results sometimes suggest that a change of group or some modification in the individual time-table may be necessary.

There have also been psychological assessments for a number of senior children in preparation for the transitional year, when on the sixteenth birthday, each boy or girl starts attendance one day a week at the Industrial Unit. Examination of individual capabilities helps to discover the type of work which is best suited to the individual and assists in prompt and satisfactory placement in the workshops.

Behaviour difficulties have, in a few instances, provided another reason for a test. When a child suddenly becomes difficult in school, investigation of the environment is sometimes suggestive and may help to pinpoint the source of friction, if this originates in the classroom. Changes and upsets at home or in the family relationships sometimes account for these disturbances, and these may reveal themselves in the course of an interview with the child. Occasionally, a solution to the difficulty may be found by removal to a different group, but in any case discussion of the problem probably helps the teacher to accept the personal difficulties of the child and to make allowances or reach decisions of policy on future treatment. In the Adult Unit, a similar pattern occurs: outbursts of anti-social behaviour are investigated and are the subject of discussion and report, and advice is tendered as to a suitable line of action. With adult trainees, there is the necessity for testing in those cases where promising young workers are proposed for transference to the new sheltered workshop recently opened at Marlborough House—or in cases where

the trainees are possible candidates for competitive employment outside the orbit of the Mental Health Section.

About thirty assessments have been carried out at the request of the Mental Health Officer, the majority of cases being seen at headquarters in Lower Castle Street, and some at the patient's own home. These are rather lengthy assessments designed to provide information on intellectual functioning and social maturity, and are often intended to help in vocational guidance where the individual has broken down repeatedly over the question of employment.

Planning sessions have covered a number of topics. In consultation with the Supervisor of the Junior Centre, time-tables have been revised and replanned with the intention of fitting into the available teaching time those subjects and activities now agreed to be most helpful in the development of the subnormal child. This is a matter continually under review, and is one which, at the present rate of change and progress, will not quickly be finalised. Plans are also being evolved for the setting up of the scheme of social training in the Adult Training Centre referred to above.

Student Trainees

Some introductory work along the lines of child psychology and teaching methods has been attempted throughout the period of the student trainees' attendance at the Bush Training Centre—while they are at the same time gaining practical experience by being attached to the various classes, and also paying visits of observation to other suitable schools in Bristol. Talks and discussions on relevant problems take place with the idea of preparation for the demands of the N.A.M.H. Training Course.

A number of other students from the Younghusband Course, the Matron Housekeeper's Course, and from other local authorities have briefly visited the psychology room for interesting and lively discussion on educational and associated topics.

Speech Therapy

During the year we have been pleased to see several children emerge from a non-communicative state to one of verbal communication with a corresponding all-round expansion of their abilities. Many mutually helpful discussions with parents have taken place, bringing about a closer working partnership in our efforts towards adequate language response in the children.

Therapists have shared with teachers in much of the daily life of the children, thus finding new approaches in the effort to contact the more withdrawn children. It has been a stimulating year.

Swimming Pool

The Bush Training Centre swimming pool, provided as a joint project by the Marlborough House Parent-Teacher Association, the Bristol and District Society for Mentally Handicapped Children, and the Mr. Pastry Swimming Pool Fund, was officially opened by the Right Honourable the Lord Mayor of Bristol, Alderman Mrs. Florence Brown, J.P., on Thursday, 30th April, 1964, and handed over to the Health Committee.

Physical Education

There is wide scope in the Training Centre for the development of physical education in its various aspects, and the full-time P.E. Instructor is kept extremely busy in meeting all the demands for sports, gymnastics, and swimming for both Junior and Adult Sections—a few trainees are practising for proficiency certificates. The heated swimming pool has been used throughout the year, with great benefit and enjoyment by a large percentage of those who attend the centre. Its use includes remedial exercises with the multiple-handicapped children from the Special Care Unit, from which very small groups are taken over regularly for one session a week. It is hoped that eventually all trainees will be stimulated to take the plunge into the comfortably warm water of the pool, for the acquisition of co-ordinated movement, which they should achieve in learning to swim, would be of inestimable value in all other ways.

Students

During this year the Bush Training Centre has maintained its close contact with student training bodies and especially with the N.A.M.H., which is running a two year course for teachers of the mentally handicapped in Bristol. The Junior Training Centre has come to be regarded as providing valuable practical experience for student-teachers, who are frequently welcomed—to observe teaching methods, to make child studies, for teaching practice previous to assessment and for a variety of other purposes. One of the student trainees of the Junior Training Centre has been seconded by the Local Health Authority to the N.A.M.H. course after a year in the Junior Training Centre, and is now in her first year of training. It is hoped to send a second student trainee to the course in September, 1965. In the meantime, two other students have been appointed to the centre, one in order to broaden her experience before going ahead with the recognised training, the other in order to gain an introduction to the work.

There has been a succession of students from other educational bodies—from the Younghusband Course, from the Matron Housekeepers' Course, and from the Teacher Training College. These have usually arrived in twos and threes for a series of visits over several weeks. In addition, there have been many other groups of students arriving for a tour of the centre.

Social Activities

During the year there has been a full programme of social activities. May Day was celebrated in traditional fashion and on the 14th May a very successful Sports Day was organised for the first time in the Bush Training Centre playing fields. The annual camp was much enjoyed by the children and adults alike in very good weather. Harvest Festival and a Service of Carols and Nine Lessons was held at our local church, Christ Church, Hengrove. The Parent-Teacher Association has organised several successful social occasions, including a Harvest Supper, Christmas parties, and dances.

In reviewing the work carried out in the past year, we cannot complain of stagnation. There has been on all sides abundant activity which we hope has been constructive. Progress often seems slow, but it is stimulating to see how the opportunities for further development are constantly opening out. Needs that were pre-

viously well served by older methods are now being met by new techniques, which become possible with improved facilities and by developing ideas of training, based on entirely new concepts of education for the subnormal. Scouting and Guiding activities, where ideas of social training were first introduced, no longer find a place in the syllabus and have made way for new methods specially tailored for the needs of our section of the population. The Margaret Morris Movement which was enjoyed so much in the past, laid the foundations for the skills with which our trainees now demonstrate at evening dances and at their Youth Club. Every year sees the mentally handicapped being merged more closely and accepted more easily into the ordinary life of the community, and it is to this ideal that the Bush Training Centre is committed.

MARLBOROUGH HOUSE WORKSHOP

In August, 1964, a small sheltered workshop was set up in part of the old Adult Training Centre premises at Marlborough House. Nine of the best male workers from the Bush Training Centre were transferred there under the supervision of an instructor, to work in an atmosphere as close as possible to that of normal industrial conditions. It is hoped that after a period of intensive training of this kind, they will be better equipped for entry into outside employment. The project is at the moment in an experimental stage, and it is hoped ultimately to accommodate up to 24 men. So far two of these men have been successfully placed in outside employment.

MENTAL ILLNESS

Altogether 616 patients were referred during the year, 233 female and 383 male. The total referrals represented 1.43 persons per thousand population (432,070). 506 of those referred had not had previous psychiatric treatment.

These referrals were dealt with by the mental welfare officers in the following ways:—

	<i>M</i>	<i>F</i>	<i>Total</i>
Admitted to hospital (detained) ...	113	196	309
Admitted to hospital (informal) ...	26	47	73
Community care	49	79	128
Investigation only	32	46	78
To Welfare Services	3	5	8
To L.H.A. Residential Units ...	10	10	20
Total ...	233	383	616

This total is exclusive of a much larger number of patients admitted to psychiatric hospitals on an informal basis.

Suicide and Attempted Suicide

The following table is an analysis of the 1964 cases:—

				Suicide			Attempted Suicide Reported to		
				M	F	Total	Mental M	Welfare F	Officers Total
Poisoning :									
Aspirin	...	...	...	—	1	1	3	7	10
Barbiturates	...	...	...	—	1	1	—	1	1
Coal Gas	...	...	...	13	14	27	3	6	9
Narcotic	...	...	...	—	4	4	—	—	—
Rat Poison	...	...	...	—	—	—	—	1	1
Spirit	...	...	...	1	—	1	—	—	—
Unspecified	...	...	...	—	—	—	3	12	15
Jumping from bridge	...	...	...	2	—	2	1	1	2
„ „ gorge	...	...	...	1	1	2	—	—	—
„ „ roof	...	...	...	—	—	—	1	—	1
„ „ window	...	...	...	—	1	1	—	—	—
„ „ under vehicle	...	...	...	1	—	1	3	2	5
Burning	...	...	...	—	—	—	—	1	1
Cutting throat	...	...	...	—	—	—	1	1	2
„ wrists	...	...	...	—	—	—	—	5	5
Drowning	...	...	...	1	—	1	—	1	1
Hanging	...	...	...	6	—	6	—	—	—
Shooting	...	...	...	3	—	3	1	—	1
Starvation	...	...	...	—	—	—	—	1	1
Strangulation	...	...	...	—	—	—	—	2	2
Totals	...			28	22	50	16	41	57

Age Incidence	M	F	Total	M	F	Total
Under 20	—	—	—	1	2	3
20—29	4	2	6	4	16	20
30—39	5	—	5	5	10	15
40—49	5	4	9	5	4	9
50—59	3	4	7	—	5	5
60—69	6	12	18	—	3	3
70—79	5	—	5	1	1	2
80 and over	—	—	—	—	—	—
Totals	28	22	50	16	41	57

SOCIAL THERAPY AND REHABILITATION

Social Therapy Club

This club was opened in September, 1953. It is staffed by an occupational therapist, a part-time handicraft instructor, and a part-time club organiser, employed in the mental health section.

The club caters for men and women under the age of 70 who suffer from, or are recovering from, mental illness. There is a high percentage of young schizophrenic members. The majority have received in-patient treatment and are now subject to after-care. All the present members live in their own homes but, occasionally, hospital patients are introduced into the club prior to discharge into the community and attend daily from the hospital.

All the mental welfare officers take an interest in the Club and attend if time permits, though unfortunately this has been quite impossible of late. Referral is mainly by mental welfare officers. A good many patients are, however, sent along to the club by consultant psychiatrists and hospital social workers when discharged from hospital, and there is an increasing number of persons referred from out-patient clinics.

Ambulance transport is provided when necessary, but every effort is made to encourage members to use public transport and 'bus fares are refunded from local authority funds.

The cost of running the club is estimated to be 6/9d per place per day. In addition, transport charges by ambulance average 3/11d per day, and return 'bus fares vary from 1/- to 3/- per day per person.

There are now 38 names on the register and there is an average daily attendance of 20.

The club is open Monday to Friday from 2 p.m. to 4 p.m. Most of the members attend each day, but this is left to their discretion. It was originally situated on the first floor of Southmead Clinic, but on the 21st September, 1964 was removed to more suitable accommodation in Somerset House, Kingsdown Parade.

Activities in the club include occupational therapy, weekly social, outings to theatres, seaside, and places of interest, play reading groups and discussion groups — discussions have sometimes been led by a psychiatrist, but no group therapy, as such, is undertaken.

Voluntary helpers from the Townswomen's Guild and British Red Cross Society formerly attended and were of great assistance in helping to create an informal, happy, club atmosphere, but, at present, no such voluntary help is available.

Membership can be for an indefinite period but a close watch is kept to ensure that patients do not become "institutionalised." Every effort is made to get members back into full employment, or to refer them to the Industrial Rehabilitation Unit or to Industrial Therapy Organisation, if they appear to be in need of those services.

The club is of extreme value in support of the local health authority's community mental health care and after-care service. All patients attending the club derive benefit, but the most valuable work can be done with inhibited, introvert, men and women, who have been successfully treated for mental illness, but have been left with a residual social problem.

Steevens House Club for Elderly Mentally Disordered Persons

A club for mentally disordered patients over the age of 70 was opened in Bristol in 1960. It was originally held in a small room in the premises occupied by the Social Therapy Club at Southmead, but was so successful that more extensive accommodation had to be provided early in 1962.

Activities follow a similar pattern to those provided in the Somerset House Club, but are geared to suit the needs of the older club members. The aim is to

provide occupation, interest and routine for elderly persons who are breaking down mentally, and to afford a period of rest to relatives. In many cases club attendance has undoubtedly resulted in the avoidance or deferment of admission to hospital. There are 18 patients on the register.

The present accommodation consists of a large club room on the first floor of a modern almshouse in Old Market Street. The room is light and well ventilated with an interesting outlook on to a busy main thoroughfare. Lavatories and a kitchen open directly off the club room.

There is a handicraft instructor in attendance. The occupational therapist from the Somerset House Club supervises the work of this instructor. The warden of the almshouse, who is a trained nurse, helps in the club in a voluntary capacity.

Club sessions are held from Monday to Friday from 2 p.m. to 4 p.m. Ambulance transport is provided for all club members.

An interesting feature of this club has been the way in which normal elderly people who live in the almshouses have entered into the club, attending many sessions and mixing freely with the mentally disordered club members. The interchange seems to have helped both the normal and the mentally disordered old people.

The premises are kindly made available free of charge by the trustees, though the Health Committee have made grants towards the running costs.

King Street Club for Subnormal Girls

This club caters for subnormal girls who are in employment in the city. It was originally designed to help the girls under guardianship and in residential domestic employment by providing a place to which they could go when off duty, where they could relax, meet friends in similar circumstances, receive assistance with correspondence, and have an opportunity to discuss problems with the female welfare officer who runs the club.

Premises consist of a large club room, two small rooms and a kitchen, with informal, comfortable furniture. The accommodation is centrally situated so that girls can do their shopping, using the club as a base.

Sessions are from 2 p.m. to 4 p.m. each Tuesday, Thursday and Sunday afternoon. It is possible that these will be extended if the membership increases.

The club was originally opened in July, 1961, but the temporary accommodation in which it was then situated had to be vacated in March, 1963. Activities were suspended until we were able to occupy more suitable premises on 20th August, 1963.

At present an average of six girls attend per session, but there is no doubt that this number will increase, particularly as it is proposed to accept into membership girls who are in employment while on leave from hospital.

The venture is undoubtedly successful, not only because of the social facilities afforded to the girls, but because of the assistance given to mental welfare officers in supervising girls under guardianship.

King Street Social Club

This club was opened in September, 1964, and aims to help re-establish people who have suffered from mental illness.

At present the club operates on Tuesday evenings only, but it is anticipated that the facilities will be extended to other evenings in due course.

There are approximately 20 members, although these do not all attend at the same time. A committee of patients helps in the running of the club under the general direction of a Senior Mental Welfare Officer who is supported by various members of the Mental Health Section staff, and some voluntary helpers.

A very happy, informal environment has been established in this ancient and interesting building. The activities are entirely social and a number of useful visits have been made to other clubs whose members have, in exchange, visited King Street.

Townsend Youth Club

The Townsend Youth Club is not provided by the local authority but is a voluntary organisation supported by the local authority, the Parent-Teacher Association of the Bush Training Centre, and the Bristol and District Society for Mentally Handicapped Children. It is grant aided by the Youth Grants Committee of the Education Committee, and is held in local authority premises (Somerset House, Kingsdown Parade) which are provided rent free and no charge is made for heating, lighting and cleaning. Two part-time leaders are employed by the Management Committee and the club is affiliated to the National Association of Youth Clubs and the Federation of Boys' Clubs.

There is a Management Committee of which the Mental Health Officer is the Chairman, and this committee is made up of representatives from the sponsoring organisations and also from the local hospitals for the subnormal.

Sessions are held three times a week as follows:— Monday, Girls' Club; Tuesday, Boys' Club; and Thursday, Mixed Club.

Each session is from 7 p.m. to 9 p.m. and activities include instruction in painting, leatherwork and other handicrafts. Time is set aside for sport and recreational activities, and social functions such as dances are held. From time to time outings are arranged. The present membership is over 100 and a very high percentage of the members attend each session.

Members are expected to come to the club by public transport where possible, but those young people who are too physically or mentally handicapped to travel alone are brought into the club by transport which is provided by the local authority, supplemented by a minibus owned by the Bristol and District Society for Mentally Handicapped Children.

The club was established in May, 1960, when it was realised that mentally handicapped young men and women in the city were not fitting into ordinary youth clubs, and the need for some control of their leisure periods was appreciated. A number of the members attend the training centre by day, but some are in full time employment and others are hospital patients who will soon be discharged into the community.

The club has proved a very successful venture.

Industrial Therapy Organisation

A close liaison has continued to be maintained with Industrial Therapy Organisation (Bristol) Ltd., a non-profit-making company formed in 1960 to promote the rehabilitation of psychiatric patients through industrial therapy. Both the Chairman of the Health Committee and the Medical Officer of Health are members of its Board of Directors.

An interesting development during the year has been the scheme for sheltered placements in outside industry, which has been officially recognised by the Ministry of Labour. Teams of patients, about ten in number, accompanied by an assistant nurse, are now employed in outside factories, working side by side with the ordinary staff who accept them without comment. When the work finishes the team returns to I.T.O. until another contract is found. At present forty-three are so employed.

It is still very difficult to find suitable outside residential accommodation for patients ready to leave hospital. The Council houses at Blackberry Hill for such patients are still unfinished, but the Bristol Industrial Therapy Housing Association has been formed to buy property for use as a hostel. Several ex-patients working at I.T.O. have been accepted as residents in the local health authority's new hostel at Devon House.

MENTAL HEALTH STATISTICS FOR 1964

	Mentally Ill						Psychoopathic						Subnormal						Severely Subnormal						Totals					
	Under 16			16 & over			Under 16			16 & over			Under 16			16 & over			Under 16			16 & over			Under 16			16 & over		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. Number of patients under Local Health Authority care at 31.12.64																														
(a) Under Guardianship ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(b) Attending Training Centre or Workshop ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(c) Attending Social Clubs ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(d) Resident in L.H.A. Hostels ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(e) Visited and not included (a) to (d) ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS ...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2. Number of patients in Local Health Authority area on waiting list for admission to hospital at 31.12.64																														
(a) In urgent need of hospital care ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(b) Not in urgent need of hospital care ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3. Number of admissions to temporary care during 1964																														
(a) To N.H.S. Hospitals ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(b) To L.H.A. Residential accommodation ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(c) Elsewhere ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

CASES REFERRED TO MENTAL WELFARE OFFICERS DURING YEAR ENDED 31st DECEMBER, 1964

																								M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M
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CLASSIFICATION OF PATIENTS REFERRED TO MENTAL WELFARE OFFICERS AND ADMITTED TO HOSPITAL UNDER DETENTION

[illegible]

AMBULANCE SERVICE

R. F. F. Wood
(Chief Ambulance Officer)

The year's work of the Ambulance Service is in some measure reflected in the fact that a total number of 182,266 patients was carried, involving a distance run of 834,007 miles. This represents an increase in patients carried of approximately 12,000 in 1963, and over 50,000 in 1952, when the Service came under the direction of the Department of Public Health.

There was a considerable upsurge of activity in the spring of the year related to the provision of the Central Ambulance Station. This led to eight members of the Committee and departmental officers making a trip by air to Leeds and Bradford for the purpose of inspecting the Central Stations in both cities. Valuable information was gained by the visit and it was particularly helpful to be able to inspect at Bradford a Central Station which had only just come into operation.

In June the Chairman of the Health Committee, the Medical Officer of Health and other officers met the Chairman of the Board of Governors of the United Bristol Hospitals and the Chairman and Secretary of the main Hospital Management Committees in the City, and representatives of the Regional Hospital Board to discuss out-patients' appointments and the general effect on the Ambulance Service. Whilst there were frank expressions of opinion on both sides it was obvious that the Ambulance Service could not expect much in the way of relief from the heavy burden now being placed upon it.

In an attempt to improve the efficiency of the Service approval in principle was obtained to remove the existing multiplicity of telephones in the Control Room and instal the new type key and lamp units. This would have the dual effect of creating a tidier looking control room and assist considerably the handling of calls now being made on the Service.

Committee approval was obtained for a scheme to reduce the time taken to reach one of the more distant points of the City in an emergency. It was finally agreed that additional men and vehicles should be used in this experiment and a suitable stand-by point arranged so that an ambulance crew could be stationed in the vicinity for certain periods of the day.

A team was entered in the Regional Ambulance Competition organised by the National Association of Ambulance Officers, the venue this year being Truro in Cornwall. The competition was efficiently staged and all participants were well tested in all branches of ambulance working. The Bristol team was placed fourth.

One of the drivers in the Service (Driver Leatherby) was given full press publicity and complimented by the magistrates for assisting the police in a brawl which had developed between a number of youths in one of the suburbs of the City.

Jet Bandage Pneumatic Forearm Splints were purchased for each ambulance and five ambulances and one sitting case vehicle were ordered as replacement vehicles during the year.

The arrangement with the Avonmouth Docks Ambulance Committee continued to work well and 103 calls were dealt with by this Service in the period under review.

The services of the Hospital Car Service and British Railways were called upon on many occasions throughout the year and both organisations offered valued and excellent assistance, often at very short notice.

The maintenance of the Ambulance Service fleet of vehicles was carried out by the Corporation Transport Department and thanks are due to the Chief Officer of the Department, H. M. Ellis, Esq., for his continued efforts on behalf of the Service.

Experimental use of a Mufax Facsimile system was made between the Transport office of the teaching hospitals and the main control room of the Ambulance Service. By means of this system it was possible to receive working copies of transport requests from the hospital within a matter of minutes from the time of transmission. It appeared to be particularly useful in the transmission of bulk and summarised requests for departments such as physiotherapy.

All in all it was a year of determined effort by everyone in the Service to cope with the heavy demands being made upon it. Always in the hope that one day in the not too distant future it will be recognised that the Ambulance Service is not just a Cinderella service but one which can and should rank in equality with the other emergency Services in the City.

Highlights

A total of 182,266 patients carried during the year, an increase of approximately 12,000. It was obvious from discussions with the Chairman, Secretaries and members of Hospital Management Committees and the Regional Hospital Board that it may well be the Ambulance Service could expect still further calls to be made upon it in 1965.

TYPE OF CASE									
Month		Acci- ents	Mater- nity	Infec- tious Disease	General	Total	Supplementary Service Taxis H.C.S.		GRAND TOTAL
January ...	...	532	208	5	14,162	14,907	94	481	15,482
February ...	...	540	199	8	12,904	13,651	87	366	14,104
March ...	...	634	248	12	13,084	13,978	123	337	14,438
April ...	...	633	167	12	14,709	15,521	109	441	16,071
May ...	...	757	219	12	13,825	14,813	119	384	15,316
June ...	...	715	213	7	13,970	14,905	95	446	15,446
July ...	...	718	208	16	14,700	15,642	98	365	16,105
August ...	...	764	175	19	12,222	13,180	82	293	13,555
September ...	...	668	172	3	14,184	15,027	65	325	15,417
October ...	...	705	191	7	14,484	15,387	99	347	15,833
November ...	...	634	186	2	14,426	15,248	137	373	15,758
December ...	...	707	231	17	13,283	14,238	128	375	14,741
TOTALS ...	...	8,007	2,417	120	165,953	176,497	1,236	4,533	182,266

MILEAGE

<i>Month</i>		<i>Ambulances</i>	<i>Dual Purpose</i>	<i>Total</i>	<i>Supplementary Service</i>		<i>GRAND TOTAL</i>
					<i>Taxis</i>	<i>H.C.S.</i>	
January ...	...	43,887	24,844	68,731	454	3,139	72,324
February ...	...	39,580	23,468	63,048	464	2,761	66,273
March ...	...	41,855	23,842	65,697	618	2,821	69,136
April ...	...	42,018	25,871	67,889	658	3,035	71,582
May ...	...	41,045	24,384	65,429	716	2,831	68,976
June ...	...	42,562	24,629	67,191	458	3,479	71,128
July ...	...	42,589	26,021	68,610	555	2,507	71,672
August ...	...	39,239	22,974	62,213	425	2,924	65,562
September ...	...	40,408	25,520	65,928	374	3,479	69,781
October ...	...	41,365	25,344	66,709	618	2,875	70,202
November ...	...	41,187	24,054	65,241	734	3,090	69,065
December ...	...	40,518	24,296	64,814	708	2,784	68,306
TOTALS ...	...	496,253	295,247	791,500	6,782	35,725	834,007

EMERGENCY CASES

The practice of coding the details of all emergency cases has enabled a detailed analysis of these incidents to be carried out. There was a total of 7,579 emergency incidents involving 8,007 patients. The following statistics were felt to be of particular interest.

TABLE 1
SHOWING LENGTH OF TIME FROM CALL RECEIVED UNTIL ARRIVAL OF AMBULANCE AT SCENE

	0	1	2	3	4	5	6	7	8	9	10	11
Time in minutes ...	...	...	...	...	...	...	...	...	...	...	...	...
Number of Cases ...	146	86	305	698	832	961	816	708	575	469	464	296
Running Totals ...	—	232	537	1,235	2,067	3,028	3,844	4,552	5,127	5,596	6,060	6,356
Percentage of Total	1.9	3.0	7.0	16.2	27.2	39.9	50.7	60.0	67.6	73.8	79.9	83.8
Time in minutes ...	12	13	14	15	16	17	18	19	20	20+	Total	
Number of Cases ...	313	224	147	133	88	63	56	35	40	124	7,579	
Running Totals ...	6,669	6,893	7,040	7,173	7,261	7,324	7,380	7,415	7,455	7,579	—	
Percentage of Total	87.9	90.9	92.8	94.6	95.8	96.6	97.3	97.8	98.3	100.0	—	

It will be seen from this table that 79.9 per cent of all emergency calls were covered in 10 minutes and 94.6 per cent in 15 minutes.

TABLE 2
SHOWING LOCATION OF VEHICLE WHEN IT RESPONDED TO AN EMERGENCY CALL

Ellbroad Street Ambulance Station	Fishponds Ambulance Station	Hemphow Ambulance Station	Resting Point (Hospital etc.)	On Road	Docks	Total
2,153 28.4%	958 12.6%	1,198 15.8%	915 12.1%	2,294 30.3%	61 0.8%	7,579 100%

TABLE 3
CAUSE OF INCIDENT

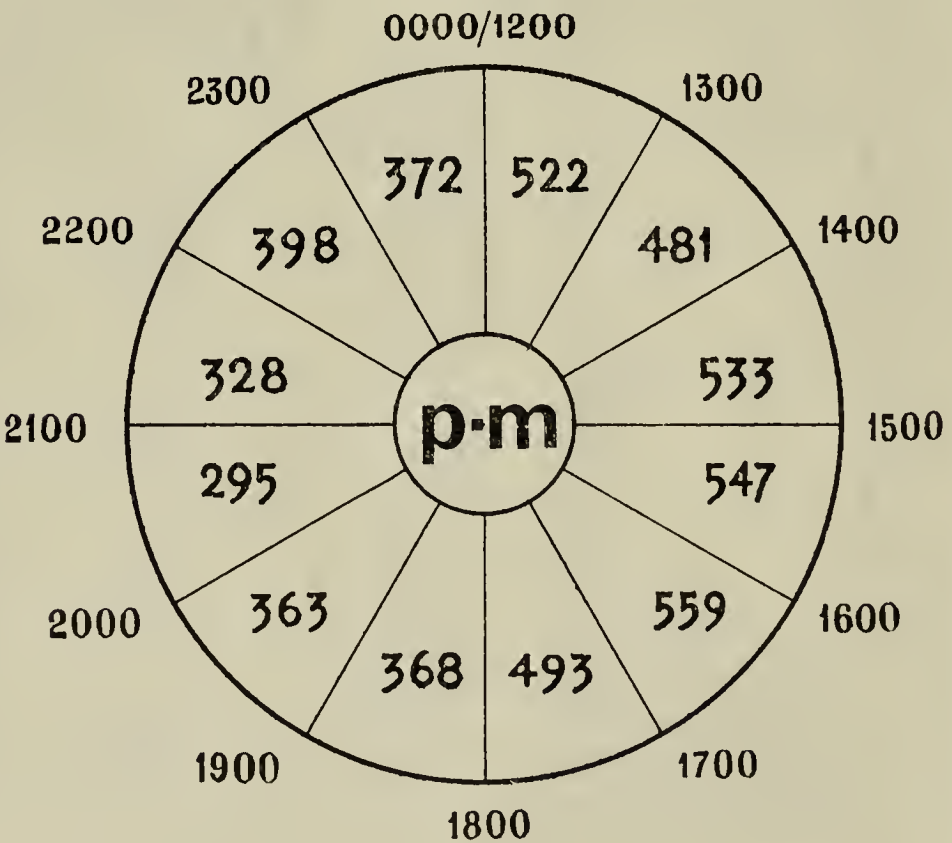
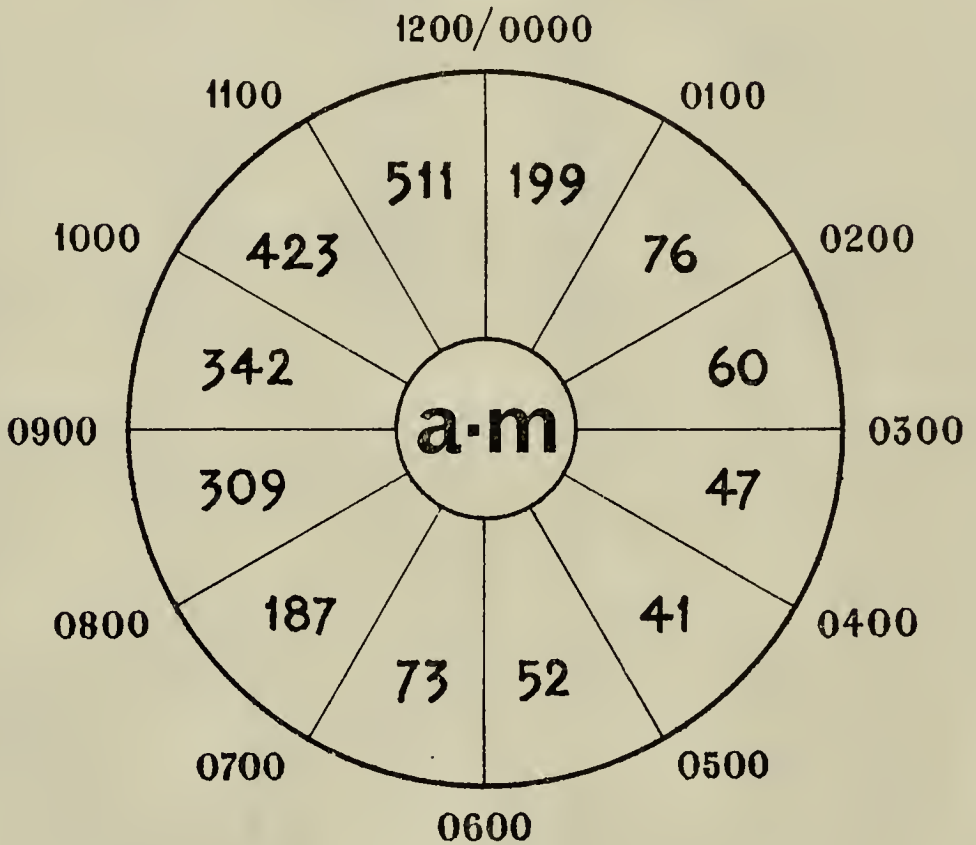
Fall	Burns	Poisons	Sudden Illness	Road (Motor Vehicle)	Road (other vehicle)	Maternity	Assault	Other	Total
2,024 26.7%	122 1.6%	365 4.8%	1,538 20.3%	1,798 23.7%	121 1.6%	405 5.3%	211 2.8%	995 13.1%	7,579 100%

TABLE 4
PLACE OF INCIDENT

Home	School	Work	Highway	Recreation Field	Public Building	Resident Institution	Other	Police Station	Total
1,932 15.5%	318 4.2%	800 10.6%	3,339 44.1%	132 1.7%	878 11.6%	9 0.1%	61 0.8%	110 1.5%	7,579 100%

TABLE 5

Number of Emergency Calls in each of the 24 hours



CARE AND AFTER CARE

CARE OF THE AGED

Statutory Services

J. F. Skone

(Deputy Medical Officer of Health)

HOUSING COMMITTEE

Most bed-sitting room and one-bedroom flat accommodation is occupied by old people and details are given below :—

(a) Pre-War Estates

A further 18 houses were converted in 1964, to make 36 flats, making a total to date at the 31st December, of 126 house conversions, providing 252 units of accommodation.

(b) Post-War Programme

By the 31st December, 1964, 2,951 one-bedroom and bed-sitting room flats had been completed. The units completed during 1964 were distributed as follows:

Barton Hill	...	...	...	...	60
Hartcliffe	...	...	...	...	108
Bell Hill Road	...	...	...	...	9
Richmond Terrace	...	...	...	...	17
Henbury	...	...	...	...	11
Brislington	...	...	...	...	20
Bedminster	...	...	...	...	22
Redcliff	...	...	...	...	60
Brenty	...	...	...	...	6
Fishponds	...	...	...	...	16
					<hr/> 329

The dwellings at Bell Hill Road, Richmond Terrace and Henbury were built specifically for occupation by elderly persons.

Of the other small units, the majority has been let to elderly persons.

There are 618 one-bedroom units of accommodation under construction, 124 of which are specifically for elderly persons.

(c) Proportion of Small Units of Accommodation

				<i>1 Bed and B.S.R. Flats</i>	<i>Total Number of Dwellings</i>	<i>Percentage</i>
Pre and Post War	...	...	...	3,495	39,384	8.9
Post War	...	...	...	2,951	34,515	12.0
Contracts scheduled to commence in 1965	...	...	...	471	1,648	28.6

From the 11th January, 1965, the rents of bed-sitting rooms and one-bedroom flats will be increased by 10/- per week.

WELFARE SERVICES COMMITTEE

The Welfare Services Committee is responsible either directly or through the agency of voluntary bodies for providing residential accommodation for persons in need of care and attention; services to handicapped people, including the blind and deaf, many of whom are old; safeguarding the property of people admitted to hospitals or other institutional accommodation; burials or cremations where no relative can assist; and meals to old and infirm people living in their own homes and the provision of club facilities for elderly people.

The details and capacity of accommodation provided under Part III of the National Assistance Act can be summarised as follows :

*100 Fishponds Road	...	...	...	...	515
5 All Saints Road	...	...	...	...	18
119 Pembroke Road	...	...	...	...	20
159/161 Redland Road	...	...	...	...	22
9 Priory Road	...	...	...	...	21
Bourton Grange	...	...	...	...	31
"Gleeson House", Oldbury Court	...	...	...	...	45
"St. Peter's", Bishopthorpe Road	...	...	...	...	45
Meadowsweet, Small Lane, Fishponds	...	...	...	...	196
					<hr/> 913 <hr/>

*Excludes temporary accommodation

The Department supervises 30 homes for old people accommodating 600 residents registered under Section 37 of the National Assistance Act, 1948, while 44 blind people live in three homes administered by Bristol Royal Workshops for the Blind.

Advice on health matters is given and administrative health arrangements are made by the Medical Officer of Health on behalf of the Welfare Services Committee and nine general practitioners provide general medical services for the residents of the Council's Homes.

Mobile Meals

The mobile meals service is provided on behalf of the Welfare Services Committee by the Bristol Old People's Welfare (Voluntary) Ltd. and the Women's Voluntary Service. During 1964 they provided approximately 1,100 meals per week.

HEALTH COMMITTEE

The Health Committee is responsible for domiciliary services for many old people including :

Chiropody Service (as at 31st December, 1964)

Headquarters at Charlotte Keel Clinic, Claremont Street, Bristol 5 (Telephone 56397).

Staff : Full-time.

The Chief Chiropodist, Mr. John Pugh, M.Ch.S., M.R.S.H., S.R.Ch., is responsible for the administration of the service, carries out domiciliary visits, reviews cases for assessment and generally supervises the section. The other staff are three

full-time chiropodists (two of whom are graded as senior) and 13 part-time chiropodists.

Mr. John Pugh has written the following notes :—

“ In 1959 the Local Health Authority (under Section 28 of the National Health Service Act), became responsible for the care and treatment of the foot health of the population, especially the aged, physically handicapped and expectant mothers. Although under the Act itself no member of the public is specifically barred from treatment, the Minister of Health in his speech to the House of Commons announced that ‘ he hoped in the early stages priority would be given to the aged, handicapped and expectant mothers.’ This is the fourth annual report on the chiropody service, and it cannot yet be foreseen when the demand from these priority groups will lessen. In short, the demand for this service in 1964 increased and the chiropody scheme expanded along the lines envisaged in the Ten Year Plan.

1. Staffing in Clinics

The staff increased by one full-time chiropodist (Mr. Phipps) towards the end of the year, and the department received applications from a number of part-time practitioners to undertake clinic sessions, and three were engaged. Unfortunately these additions to the staff were somewhat offset by one resignation and by absence on sick leave of one of the full-time staff, for about six months. There was, however, continued expansion, which resulted in the treatment of all elderly people on waiting lists, and by November no lengthy waiting lists existed. It must be forecast, however, that the expansion will continue into 1965 and additional sessions will be necessary to meet the continued demand.

2. Domiciliary Visiting

The domiciliary waiting list, however, unfortunately continued in 1964 in spite of the combined efforts of all the staff available for this part of the service. At the end of the year the list still contained 100 patients not yet under treatment, some of whom were waiting since October. It is hoped in early 1965 to recruit and re-deploy the staff authorised to use motor cars, to try and incorporate these house-bound patients in the lists of those receiving treatment.

Now that the domiciliary visiting service has become widely known amongst the aged housebound public, family doctors are receiving many more requests from these patients to be recommended for treatment and the demand is expanding at a faster rate than for the clinic service. It may be necessary to recommend that more members of the staff should be authorised as car users, because of this expansion, and the amount of travelling to the outlying sections of the County Borough. However, as this section of the service is most necessary in maintaining elderly patients at home, it can be argued that the amount of money spent in treatment and travelling is much less than that of accommodation in homes for the elderly or hospitals for the chronically sick, even if beds were readily available. There is also the humanitarian aspect of the relief from pain associated with chronic disorders of the feet.

3. Chronic disease and the patient care in chiropody

Unlike other forms of disorder, the provision of chiropody treatment is a very individual one, which demands an amount of time, and can never be provided on a mass basis. The increasing numbers of elderly people will have progressive problems and will need continuing care, but they will always have to be treated individually as patients with foot problems. To take the long view of this problem, these patients do not have a short acute disorder, requiring a short spell in hospital to put matters right. They all appear to have one problem in common, those of chronic disorders of long standing caused in part by neglect in the past, and the ever-present problem of loneliness and 'old age.' Thus the chiropodist in local health departments commences treatment on disorders causing pain after they have already become well established. Chronic disease has long roots, beginning early and staying to the end of life.

The organisation of home care programmes is in some respects more important, or at least equally important, as the clinical treatment programme. Para-medical services such as chiropody are personal services to the mobile housebound and can be used effectively in reducing the demand for geriatric beds in hospital wards and for places in Corporation residential homes. Aside from its humanitarian aspect, the care of the aged and infirm in their own homes, in an environment which they love and understand, is socially desirable, especially if the problem of loneliness can be overcome.

4. Housing and Mobility

The recent development of low rental flatlets for the aged within easy reach of a Health Centre or with provision for old people to be visited by the para-medical workers, provides the most promising situation in which to establish a health maintenance service for the elderly, chronically sick or physically disabled.

The present developments at St. George and Barton Hill in this direction should provide an excellent pattern for future projects. The chiropody service is already in existence at St. George Health Centre as part of patient care in the retirement clinic and the service at present provided in the University Settlement will be moved into Corbett House Clinic, Barton Hill, as soon as it is completed. It is estimated that the provision of chiropody at both these centres will eventually be a full-time service, as the demand in this section of the County Borough is very great and increasing.

5. Planning

Up to the present, the chiropody service has been added to the other services in health clinics, being the youngest of the medical treatment services to join the local health authorities. However, in the four years of its existence it has proved itself to be indispensable by the very demands being made upon it and the value it has in maintaining the health of the aged in daily living. It should now become a permanently based service in clinics, with surgeries planned and equipped on a designated basis, with domiciliary visiting complementary to it.

6. Welfare Services Residential Homes

For some time residents in Meadowsweet have been treated by one of the staff.

chiropodists. From 1st December, 1964, the remaining residential homes were provided with this service by the Health Department.

This measure makes for better organisation within the Local Authority, in as much as staff from a common pool can be designated for the chiropody service to each of the major committees requiring such a service, i.e. Health, Welfare or Education.

7. Statistics and Information

During 1964, 949 new patients were examined in clinics and during the year 3,699 patients were treated. Altogether 1,785 clinic sessions were held and 14,650 treatments carried out.

During 1964, 427 new patients were examined in their own homes and during the year 1,261 patients were treated in 5,571 visits.

During 1964, 1,019 treatments were carried out in Corporation old people's homes and details of the numbers treated in homes are as follows :—

Meadowsweet, Small Lane, Fishponds	...	...	212
100 Fishponds Road	...	...	650
9 Priory Road	...	...	21
5 All Saints Road	...	...	14
159 Redland Road	...	...	21
119 Pembroke Road	...	...	21
"Gleeson House", Oldbury Court	...	...	40
"St. Peter's", Bishopthorpe Road	...	...	40
			<hr/>
			1,019
			<hr/>

8. Health Education

Foot health education is as essential as other forms of health education, especially to groups of the public who are not eligible to attend clinics for treatment, but can nevertheless be 'educated' to take as good care of the feet as they can.

In this connection, the Chief Chiropodist gave talks to many different groups and organisations during the year, including :—

- 1 Other chiropodists in private practice in the West of England;
- 2 Branches of the Townswomen's Guild;
- 3 Women's Institute members;
- 4 Students attending the two year (Younghusband) course for social workers at the College of Commerce;
- 5 Other professions in the Medical Supplementary Professions Group of the State Registration Board.

The Chief Chiropodist was also able to advise other organisations who wished to avail themselves of a chiropody service, such as private or charitable residential homes, and was instrumental in introducing qualified practitioners to the charitable committees concerned. These bodies are not the responsibility of the Health Committee, but nevertheless sought advice on how to establish schemes under their own sponsorship.

9. Summary (in conclusion)

- (a) The Bristol Public Health Department chiropody scheme is now almost an entirely direct scheme and has been found from experience to be the most efficient and economical method of operation.
- (b) The classes of patients are :—
- 1 The aged (men over 65, women over 60);
 - 2 Physically handicapped;
 - 3 Expectant mothers.
- It must be admitted that the aged are the predominant group. The expectant mother group is so small as to be ignored statistically and the physically handicapped group (all ages and aged included) accounts for about 10 per cent of the whole number.
- (c) The staffing position has been much easier during the past year than in the previous three years, but the increase is mainly due to the appointment of part-time practitioners. The recruitment of full-time staff officers is still difficult—the sole reason stated by applicants to be the poor career prospects in the Whitley Scales.”

Geriatric and Retirement Clinic

A geriatric clinic was started at St. George Health Centre in October, 1964, with the aim of providing a preventive service for the older age group. The clinic caters for two sorts of patients :

- 1 those who require a more detailed examination than can be given at home, or that would take too long in the normal surgery;
- 2 those who are offered a general medical check-up on reaching the age of 65.

The examination includes a haemoglobin estimation, E.C.G. recording, urine examination and full physical and psychological assessment.

There appears to be a large demand for this type of clinic and the services of a chiropodist, dietician and physiotherapist have now been added.

Health Visiting Service

Four health visitors continued to deal particularly with the care of the elderly and chronic sick. The number of household visits during the year totalled 6,505 as compared to 6,339 in 1963.

During the year there were 578 applications for convalescent holidays, 164 of these were sent for convalescence under the National Health Act and a number to other homes by private arrangement. A number of applications were unsuitable and 60 were cancelled.

VISITS TO SICK AND AGED
(All Old People's Health Visitors for the Year 1964)

<i>Cases visited for first time in year</i>							<i>Males</i>	<i>Females</i>
1.	65 years of age and over ...	...	...	...	...	2,485	769	1,716
2.	Under 65 years of age ...	...	...	...	...	224	77	147
3.	Number in '1' visited at special request of G.P. or hospital ...	...	...	...	...	...	1,405	
4.	Mentally disordered persons ...	...	...	...	...	...	18	
5.	Number in '4' visited at special request of G.P. or hospital ...	...	...	...	...	...	13	
6.	Persons discharged from hospital other than mental hospitals ...	...	...	...	...	...	284	
7.	Number in '6' visited at special request of G.P. or hospital ...	...	...	...	...	...	262	
<i>Other details</i>								
A	Cases visited first time ever							
	<i>Ages</i>	65 years and over	...	...	...	...	1,557	
		Under 65 years	...	...	...	...	138	
	<i>Medical conditions</i>	(1) Strokes	...	...	...	...	337	
		(2) Rheumatoid arthritis	...	...	...	...	127	
		(3) Other	...	...	...	...	1,125	
B.	(1) Number of cases referred to hospitals for admission	...	...	...	...	...	472	
	(2) Actual number admitted	...	...	...	...	...	194	
	(3) Actual number died awaiting admission	...	...	...	...	...	36	
C	(1) Number of cases referred to old people's homes	...	...	...	...	...	278	
	(2) Actual number admitted	...	...	...	...	...	54	
	(3) Actual number died awaiting admission	...	...	...	...	...	1	
D	Total number of deaths (incl. B (3) and C(3).)	...	...	...	...	...	770	
E	Cases taken off list for other reasons	...	...	...	...	...	12	
F	Number referred to home helps	...	...	...	...	...	625	
G	Other forms of assistance arranged							
	(1) Mobile meals	...	...	...	...	...	289	
	(2) Nursing equipment, including linen	...	...	...	...	...	1,163	
	(3) Convalescent holidays	...	...	...	...	...	578	
	(4) Other	...	...	...	...	...	2,007	
H	Total number of household visits during week	...	...	...	...	...	6,505	
J	Total number of subsequent visits to all cases	...	...	...	...	...	5,785	

There were in all 7,494 successful and 444 failed visits.

Home Help Service

At the end of the year there were 18 full-time and 600 part-time Home Helps, an increase of 3 full-time and a reduction of 7 part-time Home Helps as compared with the previous year.

Home Helps gave 656,574 hours of help during the year; 612,126 hours, or 93·2 per cent of all hours worked by Home Helps were devoted to the assistance of a total of 3,460 old and chronically sick people, an increase of 76 compared with 1963.

Home Nursing Service

There were 71 full-time, 11 part-time and 5 student Queen's Nurses. The figures relating to completed cases during the year are :

1,762 people under 65 years of age were nursed in 26,591 visits;

2,828 people over 65 years of age were nursed in 57,980 visits.

A total of 6,589 people were nursed in 227,484 visits during the year.

Laundry Service

The laundry service organised by the Department on behalf of the aged and infirm continued to operate during the year.

Details of the service were as follows :

Number of visits	...	13,140
Articles laundered	...	36,437

The number of persons for whom the service was provided was 418. Of these, 71 patients were transferred from 1963.

Transport for the collection of soiled linen and delivery of laundered sheets and gowns continued to be provided by the staff at the Disinfecting Station, and the services of the laundry run by the Welfare Services Department at 100 Fishponds Road operated as in previous years. The mileage involved in the service amounted to 14,721.

The Health Committee contributed £250 to the Bristol Old People's Welfare (Voluntary) Ltd., towards the laundry service maintained by that organisation.

Night Watcher Service

The night watchers continued to give relief in the night care of chronically sick persons. During the year, 1,720 nights were concerned as compared to 1,851 in 1963.

Samaritan Fund

The use of the Samaritan Fund increased considerably during the year with the extension of the work of the Senior Medical Social Worker and her staff. Income and expenditure was approximately double that for the previous year.

The major proportion of the income continued to come from charitable bodies for specific cases referred to them.

Donations were received from the St. Martin's-in-the-Field Christmas Appeal (1963), £75; Dr. J. M. Mackintosh, £40; Mr. D. A. E. Packer, £10 10s.; Mr. E. W. Heath, £5 5s.; to all of whom we are most grateful. A Christmas draw raised £8 14s.

Balance at 1st January, 1964 ...	...	...	£ 252
Income—Donations ...	...	140	£
Patients & Relatives ...	...	93	
N.S.C.R. ...	...	445	
Other Bodies ...	...	504	
		<hr/>	1,182
			<hr/>
Expenditure ...	...	...	1,434
			<hr/>
Balance at 31st December, 1964 ...	...	...	318
			<hr/>

Of the balance in hand, approximately £30 was due to patients from funds received from other bodies.

VOLUNTARY SERVICES

BRISTOL OLD PEOPLE'S WELFARE (VOLUNTARY) LTD.

This voluntary body which receives a grant of £400 from the City Council provides the following services :—

Accommodation

“Anchor House” in conjunction with the Anchor Society—10 unfurnished flatlets with sitting-room and dining-room; lift; central heating. Mid-day meal provided.

“Beverley Cottage,” Burnham-on-Sea—a holiday rest home for eight frail elderly people.

“Cote”—21 unfurnished flatlets and guest room for able-bodied elderly people in middle income group; lift; central heating. Mid-day meal provided.

“Cowlin House”—10 unfurnished flatlets similar to “Cote.”

“Cowlin House Rest Home”—adjacent to “Cowlin House.” Accommodation for 14 frail elderly people; own rooms; full board; central heating; lift. Communal sitting-room, T.V. room and dining-room. Trained nurse in charge.

“Dulverton House”—accommodation for 25 frail ambulant men and women; 15 single rooms; other residents share cubicled rooms. Trained nurse in charge; central heating and lift. Sitting-room, dining-room and T.V. room.

“New Cote Rest Home”—accommodation for eight frail elderly people. Trained nurse in charge; central heating; wing being built to increase accommodation.

“Stratheden”—Twenty-seven unfurnished flatlets for able-bodied elderly people. Lift. Mid-day meal provided.

“Hanbury Court,” Hanbury Road, Clifton—14 self-contained flats, bed-sitting-room, 1 bedroom and 2 bedrooms with own kitchens and bathrooms, etc. Emergency call system to “Cowlin House.”

Laundry Service

Laundry is collected from and delivered to approximately 150 old people living in their own homes, and washing is carried out in a launderette situated in the basement of "Stratheden."

Friendly Visiting

Volunteers help with shopping, mending, etc., of elderly people in all parts of the City.

Holidays

Convalescent holidays subsidised from voluntary funds are arranged annually for about 150 infirm old people and about 1,250 able-bodied elderly are sent for holidays in seaside hotels and guest houses.

Mobile Library

Fifteen volunteers take books by van to about 150 old people in their own homes. There is a stock of more than a thousand books and a charge of 1d. per week is made towards transport costs.

Miscellaneous Services

These services include assistance with clothing; the loan of blankets; wireless for the housebound; the loan of sick room equipment; comforts; advisory service and the distribution of coal, fruit, flowers, firewood, etc.

Clubs for Elderly People

The Bristol Association for Elderly People has established and equipped full-time clubs for old people and the administration is in the hands of the members of the clubs. They are opened daily, some opening in the morning but the majority at about 2 p.m. and remain open until about 9 or 10 p.m., according to particular activities. The entire emphasis is upon social activity which the Association believes is an extremely important service for elderly people. The Welfare Services Committee is keenly interested in this work and has made substantial grants towards new projects.

The existing clubs are as follows :—

Club for Elderly People ...	Recreation Ground, Sea Mills
" " " " ...	100 Fishponds Road, Bristol, 5
" " " " ...	Wick Road, Brislington
Princess Elizabeth Club ...	Mill Lane, Bedminster
Club for Elderly People ...	112 Avonvale Road, Bristol
" " " " ...	Greystoke Avenue, Southmead
" " " " ...	Beechwood Road, Fishponds
" " " " ...	Princes Place, Gloucester Road
" " " " ...	Redcatch Road, Knowle
" " " " ...	Avonmouth Road, Avonmouth

Mobile Physiotherapy Service

Physiotherapists	...	...	...	3
Mobile Vans	...	...	...	3
Patients treated during 1964	...			403
Total visits during 1964	...	...		5,187
Average visits per day per				
Physiotherapist	...	...		6
Cost per visit	...	...	...	16s. 4d.

(N.B.—Average amount received from patients = 3s. 0d.)

- 1 The treatment is recommended by general practitioners, orthopaedic surgeons and hospital consultants.
- 2 Where patients are referred by hospital consultants a fee of 15/- is paid by the Regional Hospital Board. Otherwise there is no fixed charge and patients contribute according to their means.
- 3 Contributors to the Bristol Hospitals Fund and the Bristol Contributory Welfare Association may claim limited payment for Mobile Physiotherapy treatment. W. D. & H. O. Wills through their Employees' Health Scheme continue to give active support to the Service.

OCCUPATIONAL HEALTH SERVICE FOR EMPLOYEES

J. W. Markham

(Senior Medical Officer — Occupational Health)

After an approach from staff representatives, an Occupational Health Service has been started for Corporation employees, working under the Medical Officer of Health. The purpose of the service is to provide advice on occupational factors affecting the health of employees, taking care to avoid disturbing the relationship between the patient and his general practitioner.

Medical examinations will be done where indicated. Advice will be given on maintaining healthy working conditions, and on protective clothing for the workers. Help will be offered to the employee after illness, and suggestions of alternative work will be made for those unfit to return to their old jobs. A special interest will be taken in first aid teaching.

The first stage was begun in November, when a Senior Medical Officer was appointed and began a programme of visits to Corporation Departments, to become acquainted with them and the occupational health problems involved, and to consider the type of organisation required to deal with them.

Control will be exercised by a joint Occupational Health Sub-Committee of the Staff Advisory Committee, containing representatives of the employers nominated by the Establishment Committee, and of the staff nominated by the appropriate unions.

CARE OF HANDICAPPED PEOPLE (ADULTS)

Local Health Authority Services

REPORT OF THE SENIOR MEDICAL SOCIAL WORKER, Marion Moncaster

In 1964 social workers have been chiefly concerned with patients in need of case-work help who are attending chest clinics or have been referred by medical social workers at the time of discharge from hospital. The highest proportion of these suffered from chronic or degenerative illness and their social difficulties have, in many instances, reached the same degree of severity.

With the opening of a second health centre at St. George, Bristol, the opportunity occurred to offer similar help to people at an earlier stage of illness or to prevent a breakdown into illness where social stress is a precipitated factor. In 1963 Logan considered those at risk to physical, emotional and social ills and estimated that in the average practice population there will be 50 old people living alone, about 40 children with only one parent, and up to 12 problem families often known only too well to the general practitioner as accident prone. Each year one adult may be sent to prison and four juvenile delinquents brought to Court. The socially inadequate include four sick alcoholics besides the heavy drinkers, the sad, the mad and the bad. Other families suffer from prolonged and repeated sickness absence from work of the wage earner and an average of 100 families may be on National Assistance.

From November, 1964, the Senior Medical Social Worker has been available for one session each week to the two practices based on the Centre and early referrals give some indication of the type of problem encountered and an attempt will be made to measure the social work content of a general medical service. Examples of social stress presenting in the form of illness or, as a direct request for social aid to the doctor include :

- (a) an adolescent girl in conflict with her previously over indulgent father about early marriage;
- (b) the teenage parents of a child born with severe physical handicap, who having come to terms with their own distress were unable to tolerate the continuing distress of the middle-aged parent with whom they were living and this had led to separation, and
- (c) the fit, alert and active 78-year-old woman becoming worn out by the emotional and physical demands of a younger but less intelligent ailing and partially blind sister-in-law.

Among those with chronic illnesses were :

- (a) a 62-year-old man with hypertension who, during an acute illness, had lost his job as an accounts clerk because of redundancy, and was finding his age an unsurmountable barrier in obtaining another;
- (b) the 55-year-old man with chronic bronchitis who had not worked for five years because of the shortage of suitable part-time employment, and
- (c) a 23-year-old girl with disseminated sclerosis, still capable of simple occupation but largely confined to her home and whose only social life is provided by the family.

With case-work help these patients are being enabled to find some solution to or amelioration of their problems.

THE BLIND AND PARTIALLY SIGHTED

The Council's Eye Consultant conducted weekly clinics for examination and registration of blind and partially sighted persons, and has made domiciliary visits to those unfit to attend clinic.

Close liaison has been continued by a special health visitor for the blind, between the Bristol Eye Hospital and the Health Department, and since April, 1963, the Welfare Services Committee. (The Welfare Services Committee have taken over responsibility for blind persons from the Bristol Royal Workshops for the Blind as from that date.)

During 1964, 192 persons were seen at home or attended the clinic:

99 were registered as blind
79 were registered as partially sighted
14 were not applicable to either register.

The diseases causing blindness or partial sight were as follows :—

	<i>Cataract</i>	<i>Glaucoma</i>	<i>Macular Degeneration</i>	<i>Other</i>
Blind	26	17	25	31
Partially Sighted	29	7	20	23

22 persons were suffering from diabetes mellitus.

Seven children were placed on the register with the following diagnoses :—

2	nystagmus—Astigmatism	...	blind
2	"	"	...
2	optic atrophy	...	...
1	congenital amaurosis	...	blind

Patients were referred through the usual channels.

BRISTOL TUBERCULOSIS VOLUNTARY CARE COMMITTEE

The Secretary, Miss M. Grigg, reports as follows:—

During the past year the Care Committee has continued the work which it has been doing for over 40 years, of assisting the chest and heart patient and his family in the kind of ways in which statutory funds are not able to help.

The question of holidays for our patients and their families has always been in the forefront of our endeavour. Earlier this year the Committee purchased a new 5-berth Penthouse caravan which is sited at Budleigh Salterton, and since May there has been a succession of our patients and their families taking the road between Bristol and Devon to spend a fortnight's holiday. Transport has all been done by the members of the W.V.S. and we are grateful to all the drivers and to

Mrs. Rolls in particular who organised the journeys. Undoubtedly being taken "door to door" has greatly enhanced the enjoyment of the holidays, and without exception all the families have enjoyed the freedom which a caravan holiday makes possible. Although the initial outlay was costly, some £600, the fact that 19 adults and 13 children were enabled this year to have a much needed holiday, and remembering that from now on for some years there will only be general upkeep expenses, more than justifies the Committee's action in spending this money. Following this success a second caravan, slightly smaller, has been purchased and we look forward to an ever-increasing number of people having much-needed holidays.

Again this year some 127 food parcels were delivered on the 23rd December to those people in an age group who do not qualify for a Lord Mayor's parcel and who either live alone or in couples; in addition each family received 2 cwts. of coal. The Committee are confident that this gift serves a dual purpose, families are enabled to enjoy the extra in the way of food and warmth which is part of the traditional Christmas, but what is more important their hearts are warmed because they have not been forgotten.

SERVICES PROVIDED BY VOLUNTARY ORGANISATIONS ON BEHALF OF THE WELFARE SERVICES COMMITTEE

(a) BLIND AND PARTIALLY SIGHTED

The General Superintendent, Mr. E. H. Getliff, O.B.E., has sent me the following notes:—

The Bristol Royal School and Workshops for the Blind continues to provide Agency facilities to local authorities in education, adult training, employment, home workers' schemes, and to a degree in the provision of homes for elderly blind persons.

The number of school pupils now stands at 60—mostly from the West of England, between the ages of 5 to 16 years. The Technical Training Department has now closed. Further discussions will shortly take place with the Department of Education and Science as to the future provisions by the Bristol Royal School for the Blind in the general pattern of educational provisions for blind children.

The Bristol Royal Workshops for the Blind had a record year with a sales total of £38,650. 75 blind, 1 partially sighted and 5 severely disabled sighted employees had full employment throughout the year. The Ministry of Labour has set up a special organisation—Industrial Advisers to the Blind (I.A.B.)—to advise on the modernisation of Workshops for the Blind and the introduction of new forms of employment for blind persons in place of the long practised traditional crafts. Bristol was a pioneer in this type of thinking through the development of the Light Engineering Department in the Workshops for the Blind. This department is now equipped with capstan and automatic lathes, drilling, milling and grinding machines and employs 16 blind and 3 severely disabled sighted persons. By October 1964, its production had already passed that for the whole of the previous year.

The Home Workers Scheme administered from the Bristol Royal Workshops for the Blind covers the counties of Cornwall, Somerset, Wiltshire, Gloucestershire, Dorset and the various boroughs within those counties. Some 84 blind home workers are supervised under the scheme, six being Bristol men.

The Hostel for Blind Women continues to provide congenial accommodation for blind trainees, employees and some retired workers.

(b) PERSONS HANDICAPPED BY DEAFNESS

The Rev. S. W. Hartnoll, B.A., B.D., Chaplain and Superintendent of the Bristol Institute for the Deaf, has sent me the following notes :—

For persons in Bristol who suffer from ‘a disabling loss of hearing,’ specialised welfare services are provided by Bristol Institute for the Deaf. This is a voluntary society and part of its income is from voluntary sources; but it is the agent of the Corporation of Bristol for the purposes of the National Assistance Act, 1948. An annual grant is made through the Welfare Services Committee.

The society also serves a number of people living in Somerset and Gloucestershire and receives grants from these County Councils, but it is mainly concerned with Bristol.

Details of the Bristol registers on 31st December, 1964, are shown below :

<i>Age</i>	<i>Sex</i>	<i>Deaf with speech</i>	<i>Deaf without speech</i>	<i>Hard of hearing</i>	<i>Total</i>
Under 16 ...	Male ...	5	18	56	79
	Female ...	6	17	51	74
16—64 ...	Male ...	25	104	55	184
	Female ...	27	88	89	204
65 & over ...	Male ...	3	22	41	66
	Female ...	3	20	103	126
TOTALS ...		69	269	395	733

**MEDICAL SOCIAL WORK IN A SPECIAL TREATMENT
CLINIC**
Gwynneth Stinchcombe

The past year has again highlighted the social problems affecting increasing numbers of our young people and earlier maturity has inevitably resulted in a surge of promiscuity and an increase in the incidence of venereal disease. Statistics reveal a rise of 3 per cent in male patients under 20 treated for gonorrhoea and a 4 per cent rise in female patients under 20 similarly treated. It is impossible to ignore these unhappy trends and much effort and investigation has been expended in trying to find means of solving a social problem which affects the whole community.

From the V.D. angle there is only one sure method of keeping the incidence as low as possible and that is an efficient contact tracing system operated with the co-operation of the patients themselves. It is gratifying to report that many patients are becoming increasingly aware of their personal responsibility to the general public and have in many cases brought their contacts to the Clinic. At the same

time the number of contacts brought in under the official contact tracing system and by the Social Worker has shown an increase over 1963.

The following statistics will give an overall picture of contact tracing in the Bristol Clinics :—

					<i>Males</i>	<i>H/S</i>	<i>Total</i>	<i>Females</i>
Contacts traced and examined under official								
Contact Tracing Scheme	...	...	...	...	30	7 — 37	94	143
Contacts persuaded by Welfare Officer and examined, outside official scheme	...	...	...	...	53	4 — 57		63
Contacts traced but refused examination	...	...	...	...	8	—		6
Contacts untraced	...	...	...	...	15	2		42
<i>Age groups of contacts examined</i>					<i>Males</i>	<i>H/S</i>	<i>Females</i>	
15—17 yrs.	...			3	—	37		
18—21 „	...			8	1	65		
22—24 „	...			37	3	46		
26 and over	...			35	7	58		
					83	+	11 = 94	206

Tracing and persuading contacts to attend clinics is, however, only part of the process of trying to solve the problems of promiscuity and venereal disease. Here is a wonderful opportunity for the Social Worker to accept the challenge of rehabilitation and talk confidentially to the contacts. Even if many appear disinterested and unresponsive to these efforts, the few who do respond more than compensates for the amount of time and patience involved.

Lectures and talks have been given in increasing numbers, including the Royal College of Midwives, Sister Tutors Course, B.R.I. final year nurses, and our own student Health Visitors, medical students, etc.

ENVIRONMENTAL HEALTH SERVICES

G. J. Creech, M.B.E., C.St.J., F.R.S.H., M.A.P.H.I.

(Chief Public Health Inspector)

REPORT TO THE MEDICAL OFFICER OF HEALTH

I beg to submit my annual report for the year 1964, the first year of my tenure of office as Chief Inspector.

Viewed in retrospect, 1964 was a year in which steady progress in environmental hygiene was maintained in spite of staff problems and shortages. Reference to table I will show the number of visits made by district inspectors to be 40,697, an increase of 7,528 over 1963. This increase is accounted for, in part, by the search for certain "batches" of corned beef in May and June in connection with the enquiries consequent to the outbreak of typhoid in Aberdeen. To this figure must be added the visits made by inspectors of other sections and the rodent operators, i.e. Housing 2,317, Food & Drugs 6,241, Meat 4,027, Rodent Control 22,379, Offices and Shops 5,973: a grand total of 81,634 visits for all purposes. Tables 7, 14, 24, 27 & 29 refer.

The Aberdeen typhoid outbreak and the publication of the Milne Committee report on the investigation into its cause, has highlighted the importance of adequate supervision of food premises of all kinds. There was a small but welcome increase in visits to food premises from 2,616 to 2,889 and in the coming year it is hoped that an improvement in the staff position will enable us to increase still further the supervision of food premises of all kinds.

Other important aspects of our work showed significant increases. The number of visits to building sites regarding the provision of sanitary accommodation for site workers quadrupled, from 199 to 855, and is possibly an indication of the very extensive building work in progress in the City.

Factory inspection visits rose from 895 to 1,284.

Food inspection showed a very marked rise from 656 to 5,028 visits, almost eight times the number in 1963; this indicates, in some measure, the pressure placed on public health inspectors by the search for suspect tins of corned beef during the Aberdeen outbreak.

The Clean Air programme is reflected in the increase in smoke observations from 693 to 1,125 and in smoke control area visits from 1,018 to 3,381.

STAFF

No Chief Inspector could hope for a more loyal and helpful staff than I have had since my appointment. It would be quite wrong for me to attempt to single out anyone for individual mention because everyone has so willingly given of his or her best and thus enabled me to report a year of achievement. It would be equally

wrong for me to fail to record my sincere appreciation of the personal help and support of the three people who, by virtue of their appointments, are those upon whom I immediately rely. They are :—

Mr. G. F. Downing, who took up his duties as Deputy Chief Inspector on 13th April, 1964, has proved to be not only an efficient technical officer, but a friendly and helpful colleague.

Mr. E. G. H. Spencer, the Chief Clerk, who bears the responsibility of ensuring that the clerical side of our work is properly carried out.

Miss E. B. Chappell, my secretary and mentor, who with patience and tact smooths out many difficulties.

To you, Sir, I wish to express my thanks for all the help and guidance you have given me and for the sympathy you have shown with my difficulties.

Finally, I wish to express my respectful thanks to the Chairman and members of the Health Committee for their interest and support which I have enjoyed throughout the year.

GENERAL ENVIRONMENTAL HEALTH WORK

SUBMISSION OF PLANS

The liaison between the Public Health Department and the City Engineer's Department continues to prove of great value, this department being enabled to provide comment and offer advice in most cases before new buildings or works of adaptation are started. Here again, I am able to report an increase in the number of plans submitted for inspection by the public health inspectors—529 against 376 in 1963.

SEWERAGE AND SEWAGE DISPOSAL

In June, the first part of the new sewage disposal works and pumping station near Avonmouth was brought into operation. At this stage sewage from 67,000 persons is receiving preliminary treatment and is being pumped to the Severn Estuary at Holesmouth, north of Avonmouth.

As further portions of the sewage disposal work are completed, treatment will be given to the sewage from other parts of the City before discharge as above.

Approximately 400 premises within the City boundary are still not drained to sewers and in these cases arrangements are made by the owners with either private contractors or the Transport & Cleansing Officer for emptying and disposal of cesspool contents.

PET ANIMALS ACT, 1951

During the year licences for 29 premises have been renewed and two new licences issued. All premises have been visited and inspected during the year by the Corporation's Veterinary Officer and the Deputy Chief Public Health Inspector. One prosecution was taken against the occupier of a pet shop on two counts of failing to

comply with the conditions of the licence. Fines and costs totalling £6 were imposed.

Three applications were received for registration of Animal Boarding Establishments and two of the premises were inspected and found satisfactory. In the case of the third, we were not able to effect entry and consideration of the application was deferred.

COMMON LODGING HOUSES

The term "common lodging house" is rarely heard or used these days in this City and the picture formed in the mind's eye of this type of premises is no longer true.

Three hostels exist, one sponsored by the Church Army, the others by the Salvation Army. Of these latter hostels one was, for many years, a municipal hostel. The hostels are controlled by very experienced and very human officers and the premises are well conducted and maintained and extremely clean. In one of them there has been a permanent "resident" for over 40 years.

A FLY NUISANCE EXTRA-ORDINARY

On a warm June Saturday morning the duty officer at 48 Queen Square received a telephone message from the Police to the effect that entry had been gained to a fishing tackle shop where the proprietor, who lived alone on the premises, had been found in a collapsed condition on the shop floor behind the counter and had been removed to hospital.

The police were perturbed as the whole premises appeared to be heavily infested by flies. Immediate action was taken and when an inspector arrived he found large numbers of flies everywhere and swarms basking in the sun on the plate glass window. The reason for the presence of the flies lay in the fact that a number of containers used to breed fly larvae for fishing bait had been overturned and forced open when the proprietor collapsed, allowing a large number of flies to escape into the premises. As the shop was likely to close indefinitely the disinfecting station staff were called upon to carry out an emergency disinfestation of the whole premises.

THE ABERDEEN TYPHOID OUTBREAK

During May and June, Bristol in company with other Health Authorities in the country felt the repercussion of the discovery that the Aberdeen outbreak was associated with corned beef. An intensive search was instituted for tins bearing the code marks of three manufacturing establishments.

All available inspectorial staff from the Districts, Food and Drugs Section and City and Avonmouth Port Health Sections were engaged. A total of 3,765 visits were paid to premises to inspect stocks of corned beef and resulted in 40 unopened cases, each containing 6 tins and 9,741 single tins (a total of 9,981 tins) being discovered and taken off sale to the public.

HEALTH EDUCATION AND TECHNICAL TRAINING

The section has again been called upon to give lectures and demonstrations to student groups, schools and members of the public on our specialist activities and

a total of approximately 300 man-hours has been devoted to this work by members of the staff. The type of audience reached by these talks and demonstrations has again broadened, a particularly gratifying feature being the increased number of young people contacted. Talks on the work of the section in connection with environmental hygiene and food hygiene is requested time and again.

Lectures have been provided for the following :—

<i>University of Bristol</i>	Diploma in Public Health
<i>(Department of Public Health)</i>	Diploma in Child Health
	Health Visitors Certificate Course
	Pre-clinical (Medical) Course
	Pharmacy Students
<i>(Department of Architecture)</i>	Architectural Students
<i>(Department of Veterinary Medicine)</i>	Veterinary Public Health Course
<i>College of Advanced Technology</i>	Sociology Students
<i>Bristol Technical College</i>	Diploma Course for Public Health Inspectors
	Course for Certificate in Meat Inspection
	Matron Housekeepers Course
	Pre-nursing Course
	Catering Courses
	(full time and part-time courses)
<i>Department of Public Health</i>	Clinic Assistants
	Student District Nurses
<i>College of Commerce</i>	Social and Welfare Workers
<i>Institute of Further Education</i>	" Women's World " Course
<i>United Bristol Hospital</i>	} Student Nurses
<i>Frenchay General Hospital</i>	
<i>Winford Orthopaedic Hospital</i>	
<i>Housing Department</i>	Housing Management Students

The following schools were visited :—

Clifton High School for Girls
Colston's Girls' School
Temple Colston Girls' School
Hengrove Comprehensive School
Marksbury Road Secondary Modern School.

Talks were also given to a group of Girl Guides and a Youth Club.

FOOD HYGIENE

Interest in food hygiene has quickened during the period, due in some measure, no doubt, to the publicity given to food poisoning outbreaks, and a number of single lectures and two short series of talks have been given to food handlers and catering staffs of the following :—

Frenchay, Hanham Hall, Purdown and Stoke Park Hospitals;
Three large stores with combined catering staffs of over 330;
A large bakery concern employing nearly 200 staff;
A firm of provision merchants;
Junior staff entrants to the Co-operative Society;

A short course in food hygiene was run in conjunction with the St. John Ambulance Association for the catering staff of Bristol University and others.

Talks and/or demonstrations have also been given to Student Health Visitors (County of Gloucestershire); Civil Defence local instructors and Civil Defence Ambulance and First Aid Section; The National Council of Women; Shirehampton and Victoria Park Baptist Church Contact Clubs; Townswomen's Guild and Old Age Pensioners' Association.

PRACTICAL TRAINING OF STUDENTS

I would again like to acknowledge the help and co-operation given to this section by business managements and other organisations and by Corporation establishments and fellow Corporation Officers in this most necessary form of training for students.

OVERSEAS VISITORS

One student from Nigeria and two from Ceylon were training with the department from March until October. A Swedish veterinary surgeon spent a week with us and a doctor from Australia spent one day with the Food and Drugs Section.

TRAINEE PUBLIC HEALTH INSPECTORS

Ten students were undergoing training from January to June; five of these young men sat for their final examination in the latter month and passed.

It is most pleasing to report 100 per cent success, which I think can fairly be attributed equally to their own efforts and to the theoretical training provided by the Bristol Technical College and practical training provided by the Bristol inspectorate.

In November three of the five vacancies for students were filled by the appointment of three new students, bringing our complement to eight students under training at the end of the year. Reciprocal training arrangements for the fourth year students were again made with nearby Urban and Rural Authorities. This scheme has worked with considerable success.

WATER REPORT, 1964

in the form required by the Ministry of Health

Food and Drugs
Section

Ministry's Question

Bristol Waterworks Company

City Analyst

Ministry's Question	Food and Drugs Section	Bristol Waterworks Company	City Analyst
1. Whether the supply of the area and its several parts has been satisfactory in (a) quality, (b) quantity.	Yes	Yes	Yes
2. Where there is a piped supply whether bacteriological examinations were made of the raw water, and, where treatment is installed, of the water going into supply; if so, how many and the results obtained; the results of any chemical analysis.		Raw waters examined bacteriologically before and after treatment by Bristol Waterworks Co. Treated water in City sampled daily; Weekly samples are taken of both raw and treated waters at Barrow, Chelvey and Stowey. After treatment found satisfactory. Daily samples taken in year—575. Fluoride content:— Barrow 0.04—0.20 P.P.M. Chelvey 0.04—0.12 P.P.M. Stowey 0.08—0.38 P.P.M.	
3. Where the waters are liable to have plumbo-solvent action the facts as to contamination by lead, including precautions taken and number and result of analysis.			Water is not liable to lead contamination and this is confirmed by regular analyses of all City supplies.
4. Action in respect of any form of contamination.	On finding any trace of faecal contamination the matter is taken up with the appropriate authority immediately, when further samples are taken until satisfactory results are obtained.	Contamination after treatment has been found negligible.	
5. Particulars of the proportion of dwelling houses and the proportion of the population supplied from public water mains (a) direct to houses (b) by means of a standpipe.	(a) the whole of the population in the Bristol Area is supplied by public water mains direct to houses. (b) None.		

HOUSING

The achievements of the Housing Section during the year have been seriously affected by the shortage of staff. Work on individual unfit houses, Town Clerk enquiries, improvement grants, Rent Act matters and the large number of "odds and ends" which are invariably associated with housing, have been maintained at the expense of slum clearance and housing surveys.

The fruits of past labours, however, can be seen in the clearance and re-development of large areas at Barton Hill, Redcliffe, Kingsdown and Bedminster, whilst the first steps have been taken for the comprehensive redevelopment of Easton. Major projects of this kind represent the united efforts of many departments of the Council and it is satisfying to remember that the first and all-important steps were taken by the Public Health Inspector.

EDUCATION

The work of the Housing Section in the educational field has continued. It has for some time been appreciated that the progress made in the post-war years in the clearance of slums has left us so seriously short of typical examples of slum dwellings that the student of the future will find himself at a serious disadvantage. In an attempt to rectify this position, at least in part, some time has been spent in producing a pictorial record by means of colour slides with very encouraging results.

HOUSING PRIORITY ON MEDICAL GROUNDS

To reflect the degree of priority which should be given to Council house applications which are supported by medical certificates, a medical assessment of the case is made by the Medical Officer of Health.

During 1964 there were 850 such cases, and housing points were awarded in 671 of them, involving 194 home visits by assistant medical officers. There were 19 cases of housing priority for overcrowding complicated by tuberculosis, and a further 42 cases where medical circumstances made rehousing a matter of urgency.

VOID AND ABANDONED HOUSES

It is distressing at a time of acute housing shortage to find so many houses void and abandoned. From observations and complaints received the numbers appear to be on the increase. Abandoned houses in areas scheduled for early redevelopment present a less urgent problem than those with a relatively high potential value situated in residential areas.

During the year complaints have been received of such houses and investigations reveal a wide variety of circumstances. Effect upon amenity, structural instability involving danger, nuisances to adjoining property and accumulations of rubbish are all factors to be considered. The unknown owner, the owner who has died intestate, the owner who is known but who refuses to co-operate, and the owner who has disappeared are further factors which prevent a speedy remedy for the problem. The right to enter may involve an application to the Courts, and

the furnishings found can vary from odd items to very substantial quantities. Many of these houses cannot be repaired economically yet the question "Is this the primary consideration?" has to be answered.

THE FUTURE

Terms such as "twilight areas," redeveloping areas, areas of obsolete development are being used with increasing frequency to describe areas of old sub-standard houses. The use of such phrases suggests that the Housing Act, 1957, is failing as an effective means of dealing with unsatisfactory housing where unfitness within its present meaning cannot readily be demonstrated. Basically the question is one of housing standards. Just as standards of living change, so too have the meanings or implications of such words as "slum" and "health" changed and now have rather different interpretations than they had even twenty years ago. It is possible that the word "unfit" as defined at present will be replaced by the expression "a satisfactory standard of housing."

For many years now it has been difficult, indeed impossible, to demonstrate the effect of housing conditions upon the physical health of the occupants due to the improvements in standards of living in the widest sense and the existence of a comprehensive medical service.

There remains one factor in housing which has received no attention at all during the last thirty years—that of overcrowding. For too long have we had to consider all rooms as potential bedrooms, for too long we have, in certain circumstances, been forced to accept as a sleeping place a room in which food is stored, prepared and cooked and for too long it has been convenient to ignore the ages at which the child matures.

Is the time not opportune for a fresh look at this problem?

MEAT INSPECTION

SLAUGHTERING FACILITIES

Slaughtering of live animals in the City this year was confined to two private slaughterhouses and the Public Abattoir.

The total number of animals slaughtered in the City again shows an increase of just over 11 per cent, although the total number of animals slaughtered at the abattoir shows a decrease of over 6 per cent. This total increase is due to the continued rise in the number of sheep slaughtered and a very large increase in the number of pigs slaughtered. Hotwells Lairs shows an overall increase of 17·0 per cent and this again is due to a considerable rise in the number of sheep slaughtered. The numbers of cattle and calves slaughtered at Hotwells decreased by 32·0 per cent and 70·0 per cent respectively, but whether this is due to company policy or lack of trade in this area is difficult to assess.

Exports of carcase meat amounted approximately :—

To France, 2,650 lambs; 240 quarters and 80 sides of beef;

To Switzerland, 2,100 lambs.

The Meat Inspection Regulations placed an additional financial burden on the exporting companies because in addition to paying the meat inspection charges they also had to employ a veterinary surgeon to carry out ante and post mortem inspections.

BOVINE TUBERCULOSIS

The effectiveness of the Tuberculosis Eradication Orders of 1958/1959 is still very apparent. Routine inspection shows that the incidence in cattle is still very small, the details of which are shown in table No. 10.

The two English cows, shown in table No. 10 as totally rejected, were sent in by the Ministry for slaughter as reactors. It will be seen that apart from these reactors very little evidence of tuberculosis was discovered on post mortem inspection and the opportunity of obtaining specimens for lecture and examination purposes is almost non-existent. The odd case is still found in pigs but the vast majority of tubercular-like lesions are almost certainly *Corynebacterium equi*.

CYSTICERCUS BOVIS

The incidence of cysticercosis has again shown a considerable fall. In best cattle the reduction has been from 0·46 per cent to 0·12 per cent and in cows from 0·202 per cent to 0·076 per cent. It is interesting to consider this overall reduction in the light of the place of origin of cattle submitted for slaughter, by a comparison between "English best" and "Irish best" cattle.

English best cattle slaughtered : 12,096 with 7 positives or 0·057 per cent.

Irish best cattle slaughtered : 876 with 9 positives or 1·02 per cent.

All carcasses affected by cysticercosis were subjected to cold storage treatment, and all similarly affected carcase meat sent by Local Authorities outside Bristol for treatment in local cold stores, was checked and stamped prior to release at the end of the specified period as laid down in the Meat Inspection Regulations.

The lease of Hotwells Lairs terminates in 1965 and while the slaughterhouse continues in operation only minimal maintenance is carried out. The premises are generally very substandard.

The use of the abattoir for lecturing and demonstration purposes is increasing. The provision of a small lecture room would be a very useful improvement and would be appreciated by lecturers, students, visiting examiners and candidates alike.

During the year three overseas students have been attached to the Section for periods varying from a few weeks to nearly twelve months.

Many students in parties visiting the abattoir have expressed surprise at the high standards of hygiene achieved in performing a very dirty job. The detailed examination required under the Meat Inspection Regulations has required an increase in personnel which in turn has resulted in the existing office accommodation being seriously overcrowded; this is particularly noticeable when overseas and other students have also to be accommodated. It is now necessary for urgent consideration to be given to increasing the office accommodation for the meat inspectorate.

BACON FACTORIES

Messrs. Spear Brothers and Clark have completed the first part of their rebuilding programme and have produced a very modern and up-to-date small-goods factory. The liberal use of suitable tiles for walls and floors facilitates easy cleansing and the design has incorporated maximum daylight for ease of working. "Teething troubles" are still being experienced in some aspects of the factory but the management is very co-operative and most of the difficulties should be resolved in the near future.

A specialist firm of factory cleaners have contracted to cleanse the walls and floors when the factory is not operating and so far this arrangement is working reasonably well.

The manufacture of "small-goods" by the firm is now concentrated in this factory and to cope with the extra throughput the slaughtering of pigs at other slaughterhouses has been transferred to Bristol. Reference to table 9 will show the considerable increase in slaughtering at Broad Plain amounting to more than 243 per cent and it is anticipated that as the factory gets into its stride the number of pigs dealt with will still further increase.

MEAT INSPECTION

All animals slaughtered in Bristol during the past year have been inspected by inspectors attached to the meat section assisted at times by district inspectors during peak kills, holiday and sickness periods. Sunday slaughter has again declined and it is hoped that it will cease altogether. No notifiable diseases were encountered during the year, although the Bristol area was at one period included in a Swine Fever Order.

In order to implement fully the Meat Inspection Regulations two meat inspectors' assistants were employed during the year. Both took an approved course, passed the qualifying examination and were appointed as Authorised Meat Inspectors. The increased slaughtering at the bacon factory and the detailed inspection required under the Regulations placed an additional burden on the staff, but the position was considerably relieved when the two assistants qualified and were appointed.

At the Gordon Road abattoir Mr. Howick has continued his excellent service to the department aided by an assistant meat inspector and occasional help from district inspectors. Mr. Bartlett was transferred to Hotwells Lairs where he has also had an assistant meat inspector and assistance from the district inspectors when necessary.

Ritual slaughter is still practised at Hotwells Lairs by the Mohammedans and difficulties arise occasionally because they do not appreciate that they must hold a licence before they can practise ritual slaughter. However, goodwill and co-operation on both sides resolves most problems.

Dr. H. R. Cayton, Director of the Public Health Laboratory Service, Canynge Hall, has again been very helpful in giving opinions on specimens submitted to him and our thanks are due to him and his staff.

Dr. H. D. Crofton, of the Zoology Department, University of Bristol, has, as always, been most helpful in determining difficult parasitic conditions. Cysticer-

cosis can involve the trade in heavy expense and consequently differences of opinion do arise. It is in these circumstances that Dr. Crofton's help is most valuable. A total of 1,192 specimens of pigs' diaphragms were submitted to Dr. Crofton for detection of the parasite *Trichinella Spiralis*; fortunately no positive specimens were discovered. Over the past few years the total number of specimens submitted for this examination is more than 6,700. These continued negative results appear to confirm the opinion that routine examination for the parasite is unnecessary.

MEAT DEPOTS — COLD STORES

All the meat depots wholesaling fresh meat, whether English or imported, have been maintained in a satisfactory condition. Most of the wholesale firms are conscious that a well maintained depot is a trading asset.

The condition of some of the imported chilled meat coming into the City has at times left something to be desired. It is suggested that the 5-day week at the docks is partly responsible, but it is hoped that the carriers also realise they have a duty to see that the right type of vehicle is used if delays are unavoidable and by so doing prevent a repetition of the wastage that has been experienced during the latter part of the year.

The Public Cold Stores continue to function in a satisfactory manner and I am happy to report very little trouble from this type of trading premises.

KNACKERS' YARDS

There are only two very old premises licensed as knackers yards in the City. Very little actual slaughter ever takes place in these premises but a considerable trade in pet meat is carried on from one of them. A refrigerated vehicle has been purchased and is kept in the yard so that meat can be kept under reasonable conditions. The type of dead animal that is received in these premises is always suspect, but fortunately no serious trouble has been met with this year.

PET SHOPS

Samples of meat and offal were again purchased from pet shops during the year and submitted to the Director of the Public Health Laboratory service for examination for salmonellae and shigellae. It was decided to repeat previous procedure and sample from the same shops each week in order to test the hygienic handling of the commodity; no evidence of shigellae was discovered. Table 12 indicates that of the 221 samples submitted 32 or 14·48 per cent showed positive evidence of salmonella contamination; this figure is very much higher than last year when 6·15 per cent were positive. No reason can be advanced for this, but it does look as though imported horse flesh will warrant as much serious consideration for sterilisation as knacker meat. Table 13 shows the various strains of salmonellae isolated.

BUTCHERS' MEAT

In view of some controversy over the so-called dirty handling of meat in the slaughterhouses it was decided to step up the number of samples of butchers' meat. Regularly, samples were taken from the meat depots and butchers' shops and of these samples, which included specimens taken from quarters of chilled beef from

all the countries exporting meat to this country, none was reported as positive for salmonella or shigella. 238 specimens were examined and although the numbers were not large it would appear to indicate that the meat handling in slaughterhouses is reasonably satisfactory. Table 12 refers to these investigations.

SEWER SWABS

Of the 87 sewer swabs taken from the slaughterhouses in the City, 10 or 11·49 per cent were found to contain salmonellae. This is an increase over last year, but cannot yet be fitted into any regular pattern. It is interesting to note that a sample of sausage-meat was reported as containing the same strain of salmonella as that found in a sewer swab during the same week. It is hoped to increase the number of these samples in 1965. Table 12 shows the sewer swabs taken and table 13 the types of salmonellae isolated.

SCHOOL KITCHENS

Routine visits were made to the school meals service kitchens during the year and additional complaints were investigated. The total visits fell this year but this was due mainly to staff changes at the slaughterhouses and the difficulty of releasing inspectors. The staff position is now more stabilised and the total visits should improve in 1965.

PIGGERIES

Routine visits to piggeries and poultry premises were continued during the year. These visits, like those made to school kitchens, are determined by the amount of time that can be spent away from the slaughterhouses. Here again it is hoped that more visits can be made in the coming year. Generally speaking the pig keepers have responded to the pressure we have been able to put on them to keep their piggeries in a reasonable condition. It must be appreciated that the majority of these premises are part-time occupations and it is difficult to make firm appointments to see the occupiers on their sites. Table 14 refers.

LEGAL PROCEEDINGS

A firm or importers was fined £15 for supplying to a school kitchen a tin of luncheon meat containing a piece of cardboard embedded in the meat; costs of £5 5s. 0d. were also awarded.

Proceedings were instituted against a firm and one of their employees—on the evidence of a police constable—for carrying meat without wearing a hat. The employee on conviction was fined £5 5s. 0d. and the firm £5 5s. 0d., with £3 3s. 0d. costs.

NEW LEGISLATION

Meat (Treatment) Regulations, 1964.

Protection of Animals (Anacsthetics) Act, 1964.

The Markets (Protection of Animals) Order, 1964.

The Diseases of Animals (Seizure of Carcasses, etc) Order, 1964.

The Warble Fly (Dressing of Cattle) (Revocation) Order, 1964.
The Diseases of Animals (Miscellaneous Fees) Order, 1964.
The Poultry and Hatching Eggs (Importation) Amendment Order, 1964.
The Importation of Carcases and Animal Products (Amendment) Order, 1964.
The Exported Animals Protection Order, 1964.
The Tuberculosis Order, 1964.

MILK AND FOOD INSPECTION

NEW LEGISLATION

On the 1st January, 1964, the Liquid Egg (Pasteurisation) Regulations, 1963, became operative. This legislation aims to deal with the problems and dangers arising from infected egg products.

The Regulations prohibit the use, as an ingredient of food intended for human consumption, of liquid egg which has not been pasteurised in the manner laid down in the Regulations, but do not apply to liquid egg removed from the shell on the premises where it is to be used forthwith, or kept at not more than 50°F. and used within 24 hours.

No egg pasteurisation plants have been established in the City. 23 samples of liquid egg have been taken and submitted to the Alpha-Amylase test; of these, 22 samples were found to be satisfactory and one unsatisfactory but a repeat sample passed the test.

Having regard to the small number of samples procured it is not possible to offer detailed comment on the administration of the Regulations in this first year but from the percentage of satisfactory results obtained in Bristol it would appear they are working satisfactorily.

MATTERS OF SPECIAL INTEREST

Milk Machines

Sampling from machines has been continued throughout the year and as new ones have been installed they have been included in the sampling routine. A number of these machines retail untreated milk and it is a matter of some concern that of the samples of untreated milk taken during the year from all sources, failures to pass the methylene blue reduction test were recorded only in those obtained from such machines. One need scarcely comment on the necessity of keeping these machines in a scrupulously clean condition inside and out and of ensuring regular maintenance.

In the early part of the year two machines operated by the same owner at a busy site returned a series of samples which failed the methylene blue reduction test. Investigation revealed repeated lack of attention and prosecution was contemplated. Legal action was not taken, however, as the machines were removed following representations to the owner.

Milk Bottles

A matter which gives cause for concern, not only to health authorities, but also to the various dairy companies, is the number of complaints arising from dirty milk

Each complaint was fully investigated by an inspector and in many instances the assistance of the Public Analyst was invoked; each substantiated complaint was dealt with either formally or informally.

In these days of modern food production, preparation and packaging I feel it is not generally recognised how many man hours are involved in investigation and action on the part of the public health inspector to ensure that the public is supplied with food which is "of the nature and of the substance and of the quality demanded."

The explanatory notes appended to Table 27 are most enlightening, showing, as they do, the extraordinary variety of "foreign bodies" and contaminants found.

Ice Cream

152 samples of ice cream submitted for chemical analysis were satisfactory. 150 samples submitted for the methylene blue reduction test were graded as follows:—

Grade 1—57; Grade 2—56; Grade 3—15; Grade 4—22; representing 38 per cent, 37·3 per cent, 10 per cent and 14·7 per cent respectively.

An unusual complaint received during the year concerned the sale by a company of national repute of an ice cream block which appeared to have become contaminated with petrol. Investigation failed to reveal any definite evidence and the matter was referred to the manufacturer for his comments.

A possible explanation was suggested by him and I quote:—

"It is almost certain that this foreign flavour has been caused by the product being subject to what we term heat shock—this means that the product has been stored under fluctuating storage conditions and in consequence, there has been a deterioration of flavour, probably because of oxidation effects. By fluctuating storage conditions I mean that whereas the product should be kept and stored at temperatures of the order of -10°F . and below, if its temperature is allowed to rise to say $+10^{\circ}\text{F}$., or even $+15^{\circ}\text{F}$., and then subsequently cooled back to -10°F . and this process is repeated, the product will undoubtedly suffer.

"I should perhaps point out that the foreign flavour is not very strong and is principally present on the surface, but nevertheless it is undesirable. I think it likely that this heat shock has occurred either in the depot or on the retail vehicle and, in fact, the latter would appear to me to be more likely."

Reference was made in the 1963 annual report to a "Code of Practice" which was being prepared jointly by this Department and the Ice Cream Alliance. Copies have now been distributed to all dealers via the trade. A reproduction of the Code follows.

City and County of Bristol — Department of Public Health

CODE OF PRACTICE WHEN SELLING ICE CREAM FROM VEHICLES AND STALLS

1. Ensure that a freezer fitted in a vehicle is in working order and that it has been properly sterilised.
2. See that the vehicle or stall is clean throughout and that litter containers have been emptied.

3. If unwrapped foods (this includes wafers and cones) are to be sold, provide an adequate supply of hot water, soap, towel and a nail brush; check water heater if there is one. A wash basin must be fitted.
4. Inspect all food containers and servers for cleanliness.
5. Make provision for covering all unwrapped food between periods of service.
6. Check the temperature of refrigerated cabinets and clean out insulated boxes.
7. Verify that the vehicle or stall displays the name and address of the owner of the ice cream business.
8. Keep syrup and flavour containers and the outlet nozzle of the freezer clean.
9. Discard ice cream in drip trays.
10. If paper wrappers are to be used, they must be stored in a clean place.
11. Keep containers of liquid mix under cold storage.
12. Arrange for the placing of ice cream unsold at the end of each day in cold storage at a temperature not exceeding 28°F.
13. Refrain from the use of tobacco or snuff.
14. Make frequent use of the hand washing facilities.
15. Wear a clean overall.

Issued by Bristol Public Health Department in conjunction with the Bristol Branch,
South Western Division, of the Ice Cream Alliance.

January, 1964.

MILK

Chemical Analysis

629 samples of milk were submitted for chemical analysis. Four were found to be deficient in fat, 10 in milk solids not fat and 3 in fat and milk solids not fat, one of which was satisfactory on bulking. Five samples contained added water but repeat samples proved satisfactory.

Biological Examination

Of the 119 samples submitted for examination 3 were infected with brucellosis; these were from two producers. All the infected milks were consigned to processing dairies and the Divisional Veterinary Officer was informed of the existence of the infection.

No samples were positive for tubercle bacilli.

Designated Milk

Regular sampling of designated milk was maintained throughout the year from various sources, viz. processors, dealers, school supplies and vending machines and appropriate action was taken in each case where failure to pass the prescribed tests was reported. The following were submitted to the laboratory for bacteriological examination :—

- 316 samples of pasteurised milk from processors and dealers.
- 165 samples of pasteurised milk from school supplies.
- 25 samples of sterilised milk from processors.
- 119 samples of Untreated milk from vending machines.

Of the pasteurised milks submitted 3 failed the phosphatase test and 20 failed the methylene blue reduction test.

All the samples of sterilised milk proved satisfactory.

19 of 199 samples of Untreated milk failed the methylene blue reduction test. Reference has been made to milk vending machines and these tests under "Matters of Special Interest."

MEDICINES AND DRUGS

613 samples of medicines, drugs and medicinal foods were submitted for analysis. A few cases of deterioration of old stock were dealt with by destruction upon surrender by the vendor.

PHARMACY AND POISONS

69 samples of articles likely to come within the scope of the Pharmacy and Poisons Act were submitted for analysis and very few infringements were revealed. 547 visits were paid to the premises of 385 persons on the Local Authority's List of those entitled to sell Part II Poisons.

FERTILISERS AND FEEDING STUFFS

36 formal and 76 informal samples were obtained and submitted for analysis. The 12 minor infringements reported were dealt with by informal action.

SAMPLING OF STOCKS AT CORPORATION ESTABLISHMENTS

380 samples of miscellaneous foods were taken from 12 school kitchens; none was affected with anything more serious than insects or deterioration. By arrangement with the School Meals Department, the food was surrendered and destroyed.

LEGAL PROCEEDINGS

<i>Offence</i>	<i>Enactment</i>	<i>Result</i>
Screw in Iced Lardy Cake	Section 2, Food & Drugs Act, 1955	Fined £20 plus £2 2s. costs.
Foreign body in Bottle of School Milk	Section 2, Food & Drugs Act, 1955	Fined £5 plus £2 2s. costs.
Foreign body in Meat pie	Section 2, Food & Drugs Act, 1955	Dismissed; insufficient evidence.
Screw in Corned Beef	Section 2, Food & Drugs Act, 1955	Fined £25 plus £2 2s. costs.
Mouse dropping in Cream Slice	Section 2, Food & Drugs Act, 1955	Dismissed.
Cement in School Milk Bottle	Reg. 27, Milk & Dairies (Gen.) Regns. 1959	Fined £10 plus £2 2s. costs.
Foil cap in School Milk Bottle	Reg. 27, Milk & Dairies (Gen.) Regns. 1959	Fined £10 plus £2 2s. costs.
Screw in Fruit Loaf	Section 2, Food & Drugs Act, 1955	Fined £20 plus £2 2s. costs.
Sale of Unfit Cream Cakes	Section 8, Food & Drugs Act, 1955	Fined £15 plus £3 3s. costs.

DYSENTERY

In November concern was felt at the occurrence of an outbreak of sonnei dysentery at a Day Nursery; however, prompt action prevented any further spread and the infection was quickly brought under control.

The number of suspected cases notified throughout the year was 514, of which 323 were confirmed.

FOOD POISONING

The normal seasonal increase in the incidence of cases was experienced during July but did not reach serious proportions. A total of 107 suspected cases was notified and of these 55 were confirmed bacteriologically: 26 were sporadic cases and the remaining 29 were related to 7 "outbreaks" where two or more positive cases were identified.

During the early days of November reports were received that a large number of the children and staff of two schools—both served by the same main kitchen—were affected by a violent bout of food poisoning. Immediate investigation was carried out by officers of the department and various foods were sampled. Despite all efforts it was not possible to isolate any causal organism from any sample—including "left overs" from the suspected meal.

Surveillance of 48 members of the kitchen and teaching staffs and in some instances their families did reveal ten persons to be suffering from infection by *Cl. welchii*, one from *Cl. welchii* and *Staph. aureus* and one from *Staph. aureus*. Although the investigations carried out by the Public Health Laboratory indicated that it was improbable that these organisms were responsible for the outbreak, the affected persons were excluded from work until medical treatment had been effective.

TYPHOID AND PARA-TYPHOID

A total of 26 suspected cases was notified during the year and a check was duly carried out on these persons, with negative results. During the month of May the occurrence of cases of typhoid fever was confirmed in an area immediately adjoining the City. It was strongly suspected that the infection had been contracted during a holiday abroad and contacts of the victims were domiciled in Bristol. Immediate surveillance of these persons was instituted and a joint meeting to exchange full information was held between representatives of the rural district involved and this authority. As water reservoirs of the Bristol Waterworks Company were located in the area, a representative from that authority was also invited to attend.

Daily sampling of the water supply from various parts of the City was instituted and milk originating from the area was also examined; no positive sample was found and no confirmed case of typhoid fever was isolated in the City.

ATMOSPHERIC POLLUTION

SMOKE CONTROL

This year has been an extremely active one in connection with smoke control. The Bristol No. 7 Smoke Control Order, which affects the Sneyd Park and Stoke Bishop districts became operative on the 1st October. The approval of works of adaptation, the inspection of new fireplaces and the approval of grants has thrown a heavy burden on the department, it having again been necessary to withdraw inspectors from district work to assist. As is usual in smoke control administration, many residents postpone until the end of the heating season the inevitable domestic upheaval which fireplace conversion brings, with the result that the busiest period

tends to be during the summer months when staff holidays are at their peak. Indeed during the summer months of this year a back-log of almost 200 applications/claims existed which were only reduced by the aid of further help from the district inspectorate.

1964 was significant in so far as grant payment was concerned, as a major change in policy occurred following the presentation to Parliament in December, 1963, of a report by the Minister of Fuel and Power on domestic fuel supplies and the clean air policy.

The main feature of the report was the accepted fact that while adequate supplies of solid smokeless fuel for open grates would continue to be available to meet the needs of existing smoke control areas, supplies of reactive fuels were increasingly likely to fall short of the requirements for new areas. The report advocated the increased use of closed appliances, including openable stoves and underfloor draught open fires for burning solid smokeless fuel in addition to gas and oil fired appliances and electric heating appliances. As a result of this report the Ministry of Housing and Local Government issued in December, 1963, Circular 69/63 which stated that in future open grate gas coke which hitherto had been the basic fuel in assessing smoke control needs could no longer be regarded as the main replacement for raw coal in smoke control areas.

This dramatic change in policy was of major importance to all Local Authorities in the "black areas," as the open coke grate which, until this time, had been the accepted standard replacement for a coal burning fire, was no longer suitable for this purpose. It was obvious that this change in policy brought considerable financial implications to Local Authorities operating smoke control programmes because, whereas the provision of an inset open coke grate with gas ignition had cost approximately £5—£10, the cost of an openable stove, or an underfloor draught fire, or a gas convector heater or electric storage heater would be in the region of £30. When one considers an average smoke control area of, say, 1,500 dwellings with perhaps two fireplace adaptations necessary in each dwelling, it is not surprising that some Local Authorities, particularly those which were not completely "clean air minded," called a halt to their programmes.

Fortunately in Bristol the Health Committee has not allowed increased financial obligations to affect the clean air programme and higher grants are now being paid in respect of more expensive and more efficient appliances. Needless to say, these increased grants have been received most favourably by the occupiers of dwellings situated within a smoke control area as it is now possible to instal a modern, highly efficient heating unit at a cost to the occupier of approximately one third of the actual installation charge. This has in no small measure assisted in the acceptance by the public of the benefits of a clean air programme for the City.

The long awaited amendments to the Clean Air Act finally became law on the 16th August and are contained in Section 95 of the Housing Act, 1964. The policy change in respect of fuels and fireplaces necessitated a fresh definition of "new dwelling" and it is now possible to pay grant on fireplace conversions in dwellings constructed up to the 16th August, 1964. The difficulties previously encountered with portable ignition apparatus have been resolved and grant payment is permissible for appliances such as electric firelighters regardless of whether structural works are required.

It is now possible for the Local Authority to consider payment of grant where the works of adaptation were completed without the approval of the Local Authority. It was anticipated that this provision would apply to such adaptations carried out during 1964 in the No. 7 Smoke Control Area but unfortunately it affects only expenditure incurred after the 16th August. This has caused considerable disappointment to those residents in the Area who, for various reasons, converted to smokeless appliances without first obtaining the approval of the Health Committee. The total number of applications for grant so far received from residents in the No. 7 Smoke Control Area is 1,313.

New Boiler and Furnace Plant

Notifications of the installation of new boiler and furnace plants of a capacity in excess of 55,000 British Thermal Units per hour have continued in accordance with Section 3 of the Clean Air Act, and, as in the past, the trend continues to be towards the use of oil fuel.

The post of Senior Smoke Inspector for the City has been vacant for the whole of 1964 and this has meant that the inspection of industrial boiler and furnace plants to secure efficient and smokeless combustion has not been possible.

The increasing number of planning applications with complex chimney height problems and the day-to-day enquiries from heating and consulting engineers and architects on chimney height requirements emphasises the need for a competent senior officer holding the Smoke Inspector's Diploma. The application of the memorandum on chimney heights issued by the Minister of Housing and Local Government in order to arrive at the required height for a new chimney has brought considerable comment from planners and architects.

A decision on chimney height is no longer a hit and miss affair but a scientific assessment based on the estimated ground level concentration of sulphur dioxide. The memorandum which is applicable to industrial boiler plant of maximum continuous rating greater than 650,000 B.T.U.'s per hour provides a ready guide as to the chimney height required to overcome atmospheric pollution in the vicinity and takes into account the hourly fuel consumption, its chemical composition, the height of adjoining buildings and the character and contours of the surrounding district. The minimum height of a chimney serving a boiler to which the memorandum applies is 40 feet increasing with the size and output of the boiler or furnace plant. The practice commonly accepted for many years of fixing a very short stack to a large industrial boiler burning a fuel with a high sulphur content can no longer be tolerated.

ADMINISTRATION OF THE OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

On the 1st May, 1964, the provisions of the Offices, Shops and Railway Premises Act, 1963, came into force in respect of the registration of premises. This affected many thousands of premises within the City. The main provisions of the Act became operative on the 1st of August, 1964 and since these dates the administration

of the many requirements of the Act and its regulations has been the responsibility of this department. Despite announcements by the Ministry of Labour, leaflets sent to employers through their organisations and considerable publicity through the medium of television and the national press seeking to impress on the general public the need for registration, the fact remains that the response in Bristol has been something less than 50 per cent. It is estimated that within the City 10,000 premises are liable for registration but by the end of the year only 4,686 applications had been received, thus rendering liable to summary proceedings a large number of occupiers of premises which should have been registered.

It has now become obvious that in order to secure the complete registration of all premises under the Act, the impetus will have to come from this department and it will be necessary to make use of our existing records augmented by surveys to ensure complete coverage of the appropriate premises. One of the difficulties in implementing this Act is that the Local Authority is not the only authority responsible for its enforcement. The fire escape requirements are the responsibility of the Chief Fire Officer, but a considerable number of premises are the responsibility of H.M. Inspector of Factories. In view of this it is important to maintain a very close liaison between this department and the factory inspectorate, not only to ensure that overlapping of duties is eliminated, but also to secure uniformity of interpretation of the Act. I am happy to report that in Bristol we have, over the years, maintained an extremely cordial relationship with the factory inspectorate and we are at present working closely together on the implementation of the Act. The initial inspection of 10,000 premises to secure compliance with new sets of rules must, of course, entail a complete appraisal of the already depleted technical staff.

In addition to first inspections there will be subsequent revisits and routine inspections and, of course, interviews with interested parties. Unfortunately staff shortages have not yet been resolved with the result that it has only been possible to deal with urgent infringements which have come to our attention by way of complaint. The Act also entails a vast increase in administrative work including the preparation of quarterly and annual statistical returns to the Ministry of Labour and it therefore follows that the present clerical staff will be unable to cope without further assistance. It is anticipated that the figures for the annual returns to the Ministry of Labour in 1965 will show a significant increase over the figures for 1964.

On the credit side, however, we have been able to comply fully with the provisions relating to the investigation of accidents notified. This work has been entirely new to Local Authority Officers, as hitherto the only legislation dealing with the safety of employees was contained in the Factory Acts administered by the Factory Inspector. The investigation of accidents, the inspection of machinery and premises for defects responsible for accidents, offers an opportunity to public health inspectors to broaden their experience in the fields of health, welfare and safety, and places a responsibility upon the inspector to study and fully understand the working of many types of machines and apparatus at present in use in offices and shops and appreciate the difficulties and dangers that can arise in their operation. The need for the public health inspector employed on district work to be an expert in many matters is obvious, but he is now required to have expert

knowledge in the field of accident investigation and prevention, particularly where subsequent legal proceedings may follow.

With the present shortage of public health inspectors, the employment of untrained technical assistants will be a necessity and a departmental training programme must be undertaken in order to make the best possible use of their services. This applies particularly to assistants who may be employed in the inspection of offices and shops.

Of the 35 accidents notified to the department between the 1st August and the 31st December, 1964, 16 were investigated and appropriate action taken in each case.

During the year numerous requests have been received for talks to interested bodies on the implications and implementation of the new Act and the utmost use has been made of this form of publicity. Talks have been given to groups of estate agents, architects and traders and it is anticipated that the numbers of such talks will increase during 1965.

ADMINISTRATION OF THE SHOPS ACT AND KINDRED LEGISLATION

GENERAL ADMINISTRATION (SHOPS ACT, 1950)

This year brought the most significant changes in the laws concerning shops since the Shops (Sunday Trading Restriction) Act, 1936. Sections 37, 38 and 39 of the Shops Act, 1950, were repealed by the Offices, Shops and Railway Premises Act, 1963, which introduced new provisions to ensure the health, safety and welfare of shop assistants and office workers. A number of shopkeepers have already taken steps to comply with the new Act, but a great many others are awaiting visits from inspectors before taking any action. Some complaints have already been expressed at the expense involved in supplying the fairly modest requirements to adapt or improve existing facilities to modern standards.

Another change that has been brought about in Bristol and some other large cities is the exemption from half-day closing in certain shopping areas. The effect of an Exemption Order is to permit traders to remain open for 6 days a week but the assistants' statutory half-holiday must be maintained.

The introduction of a 6-day shopping week has been accompanied in many instances by a 5-day working week for the shop assistants. This latter is not required by law but has been agreed by many shopkeepers and it is believed that the privilege will be considerably extended in 1965.

The present Exemption Order applies to the Central Shopping Area only but shopkeepers in other districts have made enquiries regarding extension to further areas of the City. One application has been received for further Orders to be made in respect of the Gloucester Road area, where it is anticipated that certain traders will have the right to stay open 6 days a week early in 1965.

5,102 visits were made to shops and warehouses during the year and 871 revisits were necessary to see that steps had been taken to remedy the 808 infringements noted on initial visits. Of these, 648 were in connection with statutory notices and records and 160 in connection with the hours of employment, meal intervals, etc.

One prosecution involving 28 summonses resulted in a petrol filling station proprietor being fined £37 5s. 0d. for failing to comply with requirements regarding half days, Sunday employment, meal intervals and records—an assistant having been employed for six months without a day off. A further prosecution in respect of Sunday trading at a car showroom was withdrawn owing to an error in the summons.

The Health Committee granted exemption from the general closing hours in respect of the following exhibitions :—

The City and County of Bristol Annual Flower Show.

The Bristol Aquarists' Society.

The Senior Inspector gave talks to Careers Specialist Teachers, the College of Commerce and the Departmental Managers' Association of the Bristol Co-operatives Society, and also spent an afternoon with two students attending the Ministry of Labour Administrative Course for Overseas Officials.

The Annual Conference of the Institute of Shops Acts Administration was attended by Councillor H. Trapnell and Mr. G. F. Downing, the Deputy Chief Public Health Inspector.

YOUNG PERSONS (EMPLOYMENT) ACTS, 1938 AND 1964

43 visits and revisits were made under the Act of 1938 and attention drawn to 4 minor infringements. The Act of 1964 comes into operation in January, 1965, and extends the operation of the Acts to all young persons employed in certain licensed premises; it also increases the penalties for contraventions of the provisions of the Acts.

SUNDAY ENTERTAINMENTS ACT, 1932

The number of cinemas now open on Sundays has been reduced to 12; 2 minor infringements noted during 31 visits and revisits were dealt with by verbal warnings.

SUNDAY TRADING

The report of the Departmental Committee on Sunday Observance has been submitted to the Government and is still under consideration.

RAT DESTRUCTION

DISINFESTATION AND DISINFECTION

RODENT CONTROL

The programme of sewer treatment which has had as its ultimate aim the virtual elimination of rats from the City sewers and which has now been in operation for four years on an experimental and intermittent basis, has now become a continuous operation. Following the work of 1963, when a series of "check baits" over almost all the sewer manholes gave such promising results, a team of operators has been employed full-time on the work from 22nd June, 1964.

In this period of six months, 7,950 of the 15,000 known and recorded manholes of the sewerage system have been dealt with and on this basis all the manholes in the City can be treated at least once in a full period of twelve months.

The results obtained have been most encouraging and the pest officers of the Ministry of Agriculture, Fisheries and Food have shown themselves to be most interested in this type of sewer treatment programme. Bristol is known to be the first and at the moment only authority operating a similar scheme.

Parallel with the sewer treatment scheme systematic routine inspection in the Bristol, Avonmouth and Portishead docks was maintained and where necessary rodent control measures were carried out. The effect of this systematic control has been seen when stored foodstuffs have been found to be practically free from rodent damage when removed from storage. It is interesting to record that many of the large industrial premises situated within the dock areas requested the services of the pest control section for inspection and control measures. Excellent co-operation has been maintained between the pest control section and the district public health inspectors resulting in the removal of deposits of waste materials suspected of harbouring pests and the testing and repair or reinstatement of defective drains; in this connection 43 cases of suspected defective drains have been referred for test and/or investigation.

Prevention of Damage by Pests Act, 1949

Under Part I, Section 2 of the Act, 3,067 notifications have been received of premises infested by rats or mice. In addition to these notifications 81 complaints were brought forward from 1963 and 80 further infestations were found as the result of investigations arising from original notifications. The occupiers of 80 premises were notified verbally of their obligations under the Act and requested to carry out works of repair and clearance to remedy defects. In all cases these requests were complied with promptly.

Routine Inspections and Treatment

The areas of the City where Offensive Trades are established and the surrounding properties have continued free from serious rodent infestation. Frequent systematic inspections have helped to maintain this position and it is rare to find any evidence of extensive infestation.

In addition to routine inspection at the docks, the inspection of approximately 45 miles of river and canal banks within the City boundaries has also been maintained, enabling incipient infestations to be dealt with promptly.

A number of business and industrial premises were inspected regularly every month and treatment applied when found necessary, 635 visits and revisits having been made for this purpose.

Included in the notifications for the year, schools, nurseries and clinics have reported a number of mice infestations but these have presented no problems and have been dealt with in the normal manner.

Routine inspections of all vacant sites and waste ground in the City were continued and these, with the inspections of river banks and canal banks, have accounted for 2,754 inspections.

Other Pests

The late summer months again brought complaints from the general public of the unwelcome activities of wasps in various parts of the City. The section dealt with and removed 375 wasp nests.

Other Matters

Whilst vigorously pursuing the task of rodent eradication the pest control section have also investigated those special circumstances and conditions which attract vermin and provide them with food supplies which should not be available to them. The information obtained showed that the most frequent gratuitous source of food arose from the indiscriminate scattering of food for birds. Whilst the humane reasons for feeding and preserving wild bird life are to be applauded, the food should never be thrown on the ground but should be placed on bird tables out of the reach of rodents. This matter has been mentioned in a previous annual report but the problem is now greater than ever before and is a growing menace.

A similar difficulty arises in connection with building and civil engineering sites, many of which are operating in the City. Frequently rodent infestations are found around the mess huts on the sites, the vermin being attracted by food scraps and waste matter lying around. Generally the co-operation of the site foremen and engineers has been sought and readily given in the matter of waste food disposal, but these sporadic infestations are a source of worry as they could, if neglected, become the precursors of heavy infestations difficult to control. Table 28 refers to the work of the section.

DISINFECTION AND DISINFESTATION

It is my pleasure to record the good work of the Superintendent and staff of the Disinfecting Station and their unfailing helpfulness and cheerfulness when called upon to undertake some very odd "odd" jobs. Although there was no repetition of the severe conditions of the winter of 1963, nevertheless a small amount of flooding did occur and a number of articles of bedding and carpets were dried for members of the public.

On several occasions, houses which were in such a deplorable state of neglect and filth that it was felt unreasonable to ask the Home Helps to deal with them, were cleansed by men of the section, loads of rubbish and refuse being removed in the process. Another unusual job was the spraying with pesticide of a number of large trees lining a residential road. The trees were swarming with millions of greenfly causing great annoyance to nearby householders. The work involved the use of ropes and ladders in order to reach the areas infested.

A large public building was treated intensively by pesticide spray and dust to clear a cockroach infestation which had gained a hold and spread to the whole building by means of pipe ducts. This work entailed our men working throughout one night and the whole of the day following to bring the infestation under control.

Routine visits were paid during the summer months to the animal houses and dissecting rooms of the Bristol University Veterinary College, to spray residual insecticide to prevent fly infestations. Visits were also paid to the public abattoir at frequent intervals from April to October to apply insecticide powder to manure heaps and to spray walls for the same purpose.

Requests continue to be received almost daily from the Police for the disinfection of cells and blankets used by prisoners and a number of ships tying up at the City and Avonmouth docks were given assistance in the disinfection and disinfection of cabins and bedding.

During the year 98 men, sent to the Disinfecting Station from hostels in the City, were cleansed of vermin and their clothing disinfested.

2,312 pairs of gym shoes were disinfected for the Bristol Education Department. The special schools at Ilminster and Minehead were again treated for cockroach and steam beetle infestation.

The "soiled linen service" to sick and incontinent patients makes heavy demands on the section. The newly developed housing estates on the fringe areas have increased the mileage and hours involved in this work, but by careful routing and planning the increase has been kept to a minimum. 13,140 visits were made, 36,437 articles were collected, laundered and returned. This work entailed a total mileage of 14,721 miles travelled for the purpose. Miscellaneous journeys and work for the Health Department included such things as collecting, disinfecting and returning bins from clinics, samples from the port health office to Canynge Hall, the collection and disposal of unfit foodstuffs from shops and stores in the City.

Early in the year the construction of a new incinerator at Feeder Road was started and this is now working very satisfactorily and proving of great value. The incinerator is fired by butane gas and is capable of smokeless destruction of a great deal of putrescible material previously taken to the tip.

New equipment for the destruction of carcasses of animals dying from diseases such as anthrax and swine fever has been put into service but fortunately no demand has yet been received for its use. As before, blow torches will be used for the purpose, but the equipment has been redesigned for the purpose of using butane gas as a fuel instead of paraffin as before. The method is cleaner, more certain, and maintenance will be cheaper. Table 29 refers in further detail to the work of disinfection and disinfection.

SANITATION, HOUSING, SHOPS ACTS, etc.

TABLE 1

PUBLIC HEALTH INSPECTIONS

	<i>Visits</i>		<i>1964 Revisits</i>		<i>Total</i>	
Complaints and enquiries received	—	—	—	—	4,196	—
Recommendations for housing accommodation	308	3,294	3,294	—	3,602	—
<i>Visits:—</i>						
Dwelling Houses	3,826	11,287	11,287	—	15,113	—
Houses let in lodgings	72	278	278	—	350	—
Food Shops — Registrable	93	224	224	—	317	—
Food Shops — Non-Registrable	833	1,739	1,739	—	2,572	—
Other Shops	235	556	556	—	791	—
Bakehouses	20	99	99	—	119	—
Workplaces and Offices	130	152	152	—	282	—
Building Sites	263	592	592	—	855	—
Factories — Non-mechanical	33	57	57	—	90	—
Factories — Mechanical	266	928	928	—	1,194	—
Outworkers	53	15	15	—	68	—
Aged and Infirm Persons	9	27	27	—	36	—
Offensive Trades	1	26	26	—	27	—
Entertainment Places	28	51	51	—	79	—
Tents, Vans and Sheds	28	83	83	—	111	—
Food Inspection	4,677	351	351	—	5,028	—
Sites	263	892	892	—	1,155	—
Institutions and Hospitals	34	41	41	—	75	—
All other matters	1,227	2,898	2,898	—	4,125	—
Infectious Disease Visits	37	—	—	—	37	—
<i>Clean Air Act:—</i>						
Smoke Observations	88	1,037	1,037	—	1,125	—
Smoke Control Areas	2,418	963	963	—	3,381	—
New Chimneys	—	—	—	—	—	—
New Furnaces and Fireplaces	—	—	—	—	—	—
GRAND TOTAL ...					40,697	—

<i>Informal</i>					<i>Statutory</i>				
<i>B/F</i>	<i>Served</i>	<i>Com- plied</i>	<i>C/F</i>		<i>B/F</i>	<i>Served</i>	<i>Com- plied</i>	<i>C/F</i>	
<i>Notices:—</i>									
Dwelling Houses (P.H.) ...	38	207	198	47	15	176	187	4	—
Houses let in lodgings ...	—	16	6	10	—	7	—	7	—
Food Shops — Registrable ...	—	6	1	5	—	—	—	—	—
Food Shops — Non-Registrable ...	9	36	40	5	—	—	—	—	—
Other Shops ...	—	15	14	1	2	1	3	—	—
Bakehouses ...	1	3	4	—	—	—	—	—	—
Workplaces and Offices ...	2	4	2	4	—	—	—	—	—
Building sites ...	1	—	—	1	—	—	—	—	—
Factories — Non-mechanical ...	1	2	1	2	—	—	—	—	—
Factories — Mechanical ...	20	14	15	19	—	3	2	1	—
Smoke observation ...	—	1	—	1	4	—	—	4	—
All other matters ...	4	9	9	4	1	1	2	—	—

TABLE 2

REMEDIAL ACTION

Drainage Works:—

						1964
New drains laid	...	...	...	...	...	5
Drains repaired	...	...	...	...	...	196
Choked drains cleared	...	...	...	...	...	1,133
Tests made	...	...	...	...	...	58

Sanitary Conveniences:—

Flushing appliances introduced	...	...	...	...	...	6
Additional closets fitted	...	...	...	...	...	5
Separate closets for sexes provided	...	...	...	...	...	4
New pans fitted	...	...	...	...	...	33
Action re bathroom and geyser vent	...	...	...	...	...	—
Urinals fitted	...	...	...	...	...	23
Other works	...	...	...	...	...	89
Intervening vent space provided	...	...	...	...	...	3

Water Supplies:—

New and additional installations	...	...	...	...	...	5
Hot water installed	...	...	...	...	...	5

Other Sanitary Fittings:—

New sinks fitted	...	...	...	...	...	6
Wash basins provided	...	...	...	...	...	12

Other Works:—

Roofs repaired	...	...	...	...	...	157
Dampness remedied	...	...	...	...	...	111
Other new and repair works	...	...	...	...	...	461
Yards paved and drained	...	...	...	...	...	7
Houses cleansed—dirty	...	...	...	...	...	35
—verminous	...	...	...	...	...	82
Lighting improved	...	...	...	...	...	13
Ventilation improved	...	...	...	...	...	5
Heating provided	...	...	...	...	...	4
Overcrowding abated	...	...	...	...	...	1
Exhumations	...	...	...	...	...	1

Keeping of Animals:—

Removal of manure	—
-------------------	-----	-----	-----	-----	-----	---

Aged and Infirm:—

Removals—voluntary	...	...	...	...	...	—
—court order	...	...	...	...	...	6

Smoke Observations:—

Infringements dealt with	35
--------------------------	-----	-----	-----	-----	-----	----

Noise Nuisances:—

Dealt with	46
------------	-----	-----	-----	-----	-----	----

Other Nuisances:—

Dealt with	477
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Food Hygiene Regulations:—

Personal Requirements	28
Washing facilities	2
Sanitary Conveniences	...	...	...	...	...	14
Other matters	...	...	...	...	...	65

TABLE 3
SUMMARY OF TOTAL FOOD CONDEMNED

	<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>Lbs.</i>	<i>Cans</i>
Meat and Offal	97	1	2	1	—
Meat (canned)	12	6	1	20	5,026
Fish	2	7	2	5	—
Fish (canned)	—	16	1	5	1,504
Poultry	—	—	5	11	—
Fruit and Vegetables	7	5	—	12	—
Fruit and Vegetables (canned)	15	1	1	22	22,587
Fruit (dried)	1	1	—	13	—
Other Foods	2	10	3	19	3,529
	138	11	2	24	32,646

TABLE 4
FACTORIES ACT, 1961

Prescribed Particulars on the Administration of the Factories Act, 1961
PART 1 OF THE ACT

1. Inspections for purposes of provisions as to health (including inspections made by Public Health Inspectors)

<i>Premises</i> (1)	<i>Number on Register</i> (2)	<i>Number of</i>		
		<i>Inspections</i> (3)	<i>Written Notices</i> (4)	<i>Occupiers prosecuted</i> (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	107	90	4	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	1,344	1,194	14	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	50	165	2	—
Total ...	1,501	1,449	20	—

2. Cases in which Defects were found

<i>Particulars</i> (1)	<i>Number of cases in which defects were found</i>				<i>No of cases in which prosecutions were instituted</i> (6)
	<i>Found</i> (2)	<i>Remedied</i> (3)	<i>Referred to H.M. Inspector</i> (4)	<i>by H.M. Inspector</i> (5)	
Want of cleanliness (S.1.) ...	12	11	1	9	—
Overcrowding (S.2.) ...	—	—	—	—	—
Unreasonable temperature (S.3.)	—	—	—	—	—
Inadequate ventilation (S.4) ...	3	2	—	—	—
Ineffective drainage of floors (S.6.)	—	—	—	—	—
Sanitary Conveniences :— (S.7.)					
(a) Insufficient	13	14	—	—	—
(b) Unsuitable or defective ...	16	11	1	2	—
(c) Not separate for sexes ...	—	2	—	—	—
Other offences against the Act (not including offences relating to Outwork)	11	6	2	5	—
Total ...	55	46	4	16	—

TABLE 5

FACTORIES ACT, 1961
Part VIII of the Act
OUTWORK
(Sections 133 and 134)

<i>Nature of Work</i> (1)	<i>No. of out-workers in August list required by Section 133 (1) (c)</i> (2)	<i>Section 133</i>		<i>No. of instances of work in unwholesome premises</i> (5)	<i>Section 134</i>	
		<i>No. of cases of default in sending lists to the Council</i> (3)	<i>No. of Prosecutions for failure to supply lists</i> (4)		<i>Notices served</i> (6)	<i>prosecutions</i> (7)
Wearing apparel	Making etc., Cleaning and Washing	30	—	—	—	—
TOTAL	...	30	—	—	—	—

TABLE 6

HOUSING PROGRESS CHART

	1955 from May	1956	1957	1958	1959	1960	1961	1962	1963	1964
Houses in Clearance Areas and already covered by operative Clearance Orders or Compulsory Purchase Orders ...	26	11	28	8	23	17	12	2	5	—
Pre-war 138 } Post-war up 211 } to 5.5.55 73 }	—	65	3	4	—	—	—	—	—	—
Houses already in Clearance Areas and for which Clearance Orders or Compulsory Purchase Orders have been submitted to the Minister, but have not yet become operative ...	—	18	6	7	23	2	—	—	—	—
Post-war up 56 } to 5.5.55 }	—	—	—	—	—	—	—	—	—	—
Number of houses subject to operative Demolition Orders	—	—	115	42	35	9	11	6	4	—
Pre-war up 238 } to 5.5.55 }	—	—	—	—	—	—	—	—	—	—
Totals ...	26	94	152	61	81	28	23	8	9	—
Houses represented — Clearance Areas ...	537	1,215	1,191	371	143	135	412	261	22	27
Reported to Committee ...	—	—	—	—	—	—	—	211	146	11
Demolition Orders made on individual houses ...	44	32	21	8	23	29	6	4	5	4
Certificates of Unfitness — Houses owned by Corporation	—	51	189	118	68	84	106	34	8	14
Undertakings given by owners to demolish ...	—	14	14	16	9	61	27	20	8	9
Unfit houses voluntarily demolished by Corporation and others ...	—	97	36	45	20	31	37	44	67	33
Grand Totals ...	607	1,503	1,603	619	344	368	611	582	265	98

TABLE 7

HOUSING & SANITATION

1964

Houses inspected:—

Section 9	...	...	...	...	...	...	...	...	...	—
Section 16	...	...	...	...	...	...	...	...	...	70
Section 18	...	...	...	...	...	...	...	...	...	28
Clearance Areas	...	...	...	...	...	...	...	...	...	27
For Report to Committee	...	...	...	...	...	...	...	...	...	32
Multiple occupation	...	...	...	...	...	...	...	...	...	5
Visits for improvement grants, clearance area inspections, estimated life and other matters	...	...	...	...	...	...	...	...	...	2,317

Represented to Committee:—

Section 9	...	...	...	...	...	...	...	...	...	—
Section 16	...	...	...	...	...	...	...	...	...	70
Section 18	...	...	...	...	...	...	...	...	...	28
Clearance Areas	...	...	...	...	...	...	...	...	...	27
Reported to Committee as unfit	...	...	...	...	...	...	...	...	...	11
Reported to Committee — in multiple occupation	...	...	...	...	...	...	...	...	...	5

Orders made:—

Demolition Orders — (Section 17, Housing Act, 1957)	...	...	...	...	...	...	...	...	...	4
Closing Orders — Whole House (Section 17, Housing Act, 1957)	...	...	...	...	...	...	...	...	...	55
Closing Orders — Whole House (Section 17, SS. 3, Housing Act, 1957)	...	...	...	...	...	...	...	...	...	—
Closing Orders — Underground Rooms and parts of buildings (Section 18, Housing Act, 1957)	...	...	...	...	...	...	...	...	...	25
Management Orders (Section 12, Housing Act, 1961)	...	...	...	...	...	...	...	...	...	3
Direction Orders (Section 19, Housing Act, 1961)	...	...	...	...	...	...	...	...	...	1
Undertakings not to use — (Section 16, Housing Act, 1957)	...	...	...	...	...	...	...	...	...	2
Undertakings to demolish — Housing Act, 1957	...	...	...	...	...	...	...	...	...	9

Houses repaired:—

Section 9 — informal	...	...	...	...	...	...	...	...	...	—
Section 9 — formal	...	...	...	...	...	...	...	...	...	—
Section 9 — formal by Corporation in default	...	...	...	...	...	...	...	...	...	—
Undertakings to repair	...	...	...	...	...	...	...	...	...	—
Undertakings not to use, cancelled after repair	...	...	...	...	...	...	...	...	...	1
Other repairs	...	...	...	...	...	...	...	...	...	2
Closing Orders determined after repair—whole building	...	...	...	...	...	...	...	...	...	66
—part building	...	...	...	...	...	...	...	...	...	18

TABLE 8

RENT ACT, 1957

Applications for certificates of disrepair	...	9
Refusals to issue certificates of disrepair	...	—
Certificates of disrepair issued—Full	...	3
—Part	...	4
Undertakings given by landlords—Accepted	...	2
—Refused	...	—
Certificates of disrepair cancelled	...	3
Certificates as to remedying of defects	...	9
Refusal to cancel certificates of disrepair	...	1

FOOD INSPECTION

TABLE 9

ANIMALS SLAUGHTERED AND INSPECTED, 1964

			<i>Hotwells Lairs</i>	<i>Abattoir</i>	<i>Bacon Factories</i>	<i>Totals</i>	<i>Percentage + or —</i>
Beasts	...	...	3,642	15,920	—	19,562	—16·3
Calves	...	...	71	1,174	—	1,245	—31·3
Sheep	...	...	51,987	27,658	—	79,645	+8·9
Pigs	...	...	4,554	17,413	—	21,967	+3·7
Pigs	...	...	—	—	15,341	15,341	+248·7
Goats	...	...	—	4	—	4	—21·0
Totals	...	...	60,254	62,169	15,341	137,764	—

Total Percentage increase over 1963 = +11.1

TABLE 10

			<i>Number Slaughtered</i>	<i>Totally Rejected</i>	<i>Part Carcase Rejected</i>	<i>Any Organ or Part</i>	<i>Percentage 1964</i>	<i>1963</i>
English Cows	...	...	6,590	2	—	1	0·045	0·04
Irish Cows	...	...	—	—	—	—	—	2·30
English Steers	...	...	12,096	—	—	1	0·0083	0·007
Irish Steers and Heifers	...	...	876	—	—	1	0·114	1·42

TABLE 11

SAMPLES OF MEAT AND OFFAL FROM PET SHOPS

<i>Horse Flesh</i>			<i>Number</i>	<i>Salmonellæ</i>	<i>Percentage</i>
Meat	...	...	49	13	26·65
Liver	...	...	23	1	4·34
Heart	...	...	13	—	—
<hr/>					
Total	...	...	85	14	16·46
<i>Knacker Meat</i>					
Meat	...	...	57	10	17·54
Liver	...	...	51	4	7·84
Heart	...	...	15	1	6·67
Kidney	...	...	5	1	20·0
Tongue	...	...	4	2	50·0
Others	...	...	4	—	—
<hr/>					
Total	...	...	136	18	13·24
<hr/>					
Grand Total	...	...	221	32	14·48

TABLE 12

SAMPLES OF MEAT AND OFFAL FROM BUTCHERS' SHOPS/MEAT DEPOTS

Origin			Number	Salmonellæ	Percentage
English	...	...	80	—	—
Irish	...	...	39	—	—
Argentine	...	...	58	—	—
South Africa	...	...	9	—	—
Minced Beef	...	...	26	—	—
Veal	...	...	11	—	—
Pork	...	...	12	—	—
Pork Sausage	...	...	1	1	—
Others	...	...	2	—	—
Total	...	...	238	1	—
Sewer Swabs from Slaughterhouses					
...	...	...	87	10	11.49

TABLE 13

TYPES OF SALMONELLÆ ISOLATED

Salmonellæ	Horseflesh			Knacker Meat					Pork	Sewer	
	Meat	Heart	Liver	Meat	Liver	Heart	Kidney	Tongue	Sausage	Swabs	
anatium	3	—	—	—	—	—	—	—	—	—	
brandenburg	—	—	—	—	—	—	—	—	—	5	
derby	1	—	—	—	—	—	—	—	—	—	
dublin	—	—	1	7	3	1	1	2	—	3	
einsbuettel	—	—	—	—	—	—	—	—	1	1	
give	1	—	—	—	—	—	—	—	—	—	
haelsingberg	1	—	—	—	—	—	—	—	—	—	
london	—	—	—	—	—	—	—	—	—	1	
meleagredis	1	—	—	—	—	—	—	—	—	—	
montevideo	—	—	—	—	1	—	—	—	—	—	
morbificans	—	—	—	1	—	—	—	—	—	—	
newport	1	—	—	1	—	—	—	—	—	—	
riggel	1	—	—	—	—	—	—	—	—	—	
sandigeo	1	—	—	—	—	—	—	—	—	—	
specie	3	—	—	—	—	—	—	—	—	—	
typhimurium	—	—	—	1	—	—	—	—	—	—	
Total	...	13	—	1	10	4	1	1	2	1	10

TABLE 14

<i>Number of Premises 1964</i>	<i>Use</i>	<i>Licensed to Boil Swill 1964</i>	<i>Visits Made 1964</i>
20	Keeping Pigs only	10	} 179
33	Keeping Pigs and Poultry	20	
24	Keeping Poultry only	2	
77	Total ...	32	179

TABLE 15

VISITS MADE BY MEAT INSPECTORATE

<i>Premises</i>				<i>Visits</i>
Slaughterhouses	...	...	...	726
Bacon Factories	...	...	...	313
Butchers' Shops	...	...	...	153
Fish Markets	...	...	...	—
Food Preparing Premises	...	...	...	406
Meat Markets	...	...	...	1,273
School Kitchens	...	...	...	134
Cold Stores	...	...	...	265
Pet Shops	...	...	...	111
Piggeries	...	...	...	179
Other Premises	...	...	...	467
				4,027

TABLE 16

CONDEMNED MEAT AND OFFAL

				<i>1963</i>				<i>1964</i>			
				<i>Tons</i>	<i>Cwt.</i>	<i>Qrs.</i>	<i>lb.</i>	<i>Tons</i>	<i>Cwt.</i>	<i>Qrs.</i>	<i>lb.</i>
Hotwells	Carcases	...	...	5	14	1	16	2	9	0	18
Lairs	...	...	...	23	2	3	10	15	11	2	21
Abattoir	Carcases	...	...	9	1	1	24	10	4	1	3
	Offal	...	...	41	0	3	11	43	8	0	10
Bacon Factories	Carcases	...	...	—	15	1	14	3	10	1	13
	Offal	...	...	3	18	—	—	10	6	0	9
Meat Depots and	Carcase Meat	...	...	5	4	2	7	6	17	1	25
Cold Stores	Offal	...	...	—	18	1	24	2	10	1	25
Totals	Carcases	...	...	20	15	3	5	23	1	1	3
	Offal	...	...	69	—	—	17	71	16	1	9

TABLE 17

OTHER FOOD SURRENDERED AND DESTROYED

				<i>Tons</i>	<i>Cwt.</i>	<i>Qrs.</i>	<i>lb.</i>
Canned Meat	—	4	0	25
Canned Food	—	—	1	2
Poultry	—	—	1	26
Ducks	—	5	1	17
Cheese	—	3	1	1
Frozen Foods	—	—	1	7
Total	—	13	3	22

TABLE 18

CARCASSES CONDEMNED

	Hotwells Lairs				Abattoir				Bacon Factories/City				Total			
	T.B.		Other Conditions		T.B.		Other Conditions		T.B.		Other Conditions		T.B.		Other Conditions	
	1963	1964	1963	1964	1963	1964	1963	1964	1963	1964	1963	1964	1963	1964	1963	1964
Cows	—	—	8	6	—	2	14	17	—	—	—	—	2	22	23	—
Pt. Carcasses	—	—	13	2	—	—	7	3	—	—	—	—	—	20	5	—
Other	—	—	—	—	—	—	5	1	—	—	—	—	—	5	1	—
Bovines	—	—	3	2	1	—	3	2	—	—	—	—	1	6	4	—
Calves	—	—	2	2	—	—	9	14	—	—	—	—	—	11	16	—
Pt. Carcasses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Sheep	—	—	129	25	—	—	31	47	—	—	—	—	—	160	72	—
Pt. Carcasses	—	—	58	33	—	—	6	15	—	—	—	—	—	64	48	—
Pigs	—	—	22	11	1	—	73	105	—	—	9	39	1	104	155	—
Pt. Carcasses	—	—	37	24	—	—	45	123	—	—	14	52	—	96	199	—
Totals	—	—	161	44	1	2	132	184	—	—	9	39	1	302	267	—
Pt. Carcasses	—	—	111	61	1	—	61	143	—	—	14	52	1	186	257	—
Weight	—	—	10,613	4,557	68	802	18,558	18,506	—	—	1,307	6,329	68	802	30,478	29,392
(in lbs.)	—	—	2,199	955	97	—	2,486	3,571	—	—	415	1,553	97	—	5,100	6,079

TABLE 19

CARCASSES INSPECTED AND CONDEMNED, 1964

	COWS		CATTLE (excluding Cows)		CALVES		SHEEP		PIGS	
NUMBER KILLED	Hotwells Lairs Abattoir Bacon Factories	1,549 5,041 —	6,590	2,093 10,879 —	71 1,174 —	1,245	51,987 27,658 —	79,645	4,554 17,413 15,341	37,308
NUMBER INSPECTED	Hotwells Lairs Abattoir Bacon Factories	1,549 5,041 —	6,590	2,093 10,879 —	71 1,174 —	1,245	51,987 27,658 —	79,645	4,554 17,413 15,341	37,308
All diseases except Tuberculosis and C/Bovis	Hotwells Lairs Abattoir Bacon Factories	6 17 —	23	— 1 —	2 14 —	16	25 47 —	72	11 105 39	155
Whole Carcasses Condemned										
Carcasses of which some part or organ was condemned	Hotwells Lairs Abattoir Bacon Factories	961 2,103 —	3,064	592 2,556 —	2 17 —	19	4,494 3,199 —	7,693	1,263 4,311 1,942	7,516
Percentage of the number inspected affected with disease other than Tuberculosis or C/Bovis	Hotwells Lairs Abattoir Bacon Factories	62.04% 41.52% —	46.49%	28.28% 23.32% —	2.82% 1.45% —	1.53%	8.64% 11.57% —	9.66%	27.73% 24.76% 12.66%	20.12%
TUBERCULOSIS ONLY										
WHOLE CARCASSES CONDEMNED	Hotwells Lairs Abattoir Bacon Factories	— 2 —	2	— — —	— — —	—	— — —	—	— — —	—
Carcasses of which some part or organ was condemned	Hotwells Lairs Abattoir Bacon Factories	1 2 —	3	1 1 —	1 2 —	—	— — —	—	15 10 50	75
Percentage of number inspected affected with Tuberculosis	Hotwells Lairs Abattoir Bacon Factories	0.064% 0.040% —	0.046%	0.048% 0.0092% —	0.015%	—	— — —	—	0.33% 0.057% 0.33%	0.20%
CYSTICERCOSIS										
Carcasses of which some part or organ was condemned	Hotwells Lairs Abattoir	1=0.063% 4=0.079%	0.076%	4=0.19% 12=0.11%	0.12%	—	— —	—	— —	—
Carcasses submitted to treatment by refrigeration	Hotwells Lairs Abattoir	1 4	5	4 12	16	—	— —	—	— —	—
Generalised and totally condemned	Hotwells Lairs Abattoir	— —	—	— —	— —	—	— —	—	— —	—

TABLE 20

SCHEDULE OF WHOLE CARCASSES AND PART CARCASSES CONDEMNED

	Cows		Steers and Heifers		Calves	Sheep	Pigs	
	Carcasses	Part Carcasses	Carcasses	Part Carcasses	Carcasses	Part Carcasses	Carcasses	Part Carcasses
Abscess ...	—	2	—	—	—	17	—	145
Abscess—Multiple	...	—	—	—	—	—	28	—
Actino—Bacillosis	...	1	—	—	—	—	1	—
Anaemia	—	—	—	—	—	4	—
Arthritis	—	—	—	—	3	1	9
Bruising/Fractures	...	2	4	5	1	—	1	13
Emaciation	—	—	—	9	—	1	—
Erysipelas—Swine	...	—	—	—	—	—	3	—
Fevered	—	—	—	1	—	1	—
Immaturity	—	—	—	2	—	2	—
Jaundice	—	—	—	1	—	—	—
Joint Ill	—	—	—	6	—	—	—
Lymphadenoma	...	—	—	—	—	—	1	—
Malignant Neoplasm	...	1	—	—	1	—	2	—
Mastitis—Septic	...	3	—	—	2	—	—	—
Metritis	—	—	—	—	—	—	—
Moribund	—	—	—	2	—	6	—
Oedema	4	—	—	1	—	2	—
Peritonitis	1	—	—	—	2	3	2
Peritonitis/Acute	...	3	—	—	4	—	13	19
Peritonitis/Pleurisy	...	—	—	—	—	—	12	11
Pleurisy	—	—	—	—	19	38	—
Pleurisy—Acute	...	—	—	—	11	2	—	—
Pneumonia—Septic	...	—	—	—	2	—	16	—
Pyæmia	1	1	—	1	—	2	—
Pyelonephritis	...	9	—	—	3	—	3	—
Septicaemia	—	—	—	6	—	—	—
Toxaemia	—	—	—	—	—	—	—
TOTAL	23	5	1	4	16	72	155	199
Tuberculosis ...	2	—	—	—	—	—	—	—
Cysticercosis ...	5	—	16	—	—	—	—	—
GRAND TOTAL	30	5	17	4	16	72	155	199

TABLE 21

SAMPLES SUBMITTED TO THE PUBLIC ANALYST

	<i>Samples</i>	<i>Unsatisfactory</i>
Milk	629	10
Ice Cream	152	—
Other Foods	1,588	16
Medicines and Drugs	613	9
Water — Swimming Baths	120	3
Water — Others	49	—
Filling materials	42	1
Fertilisers and Feeding Stuffs	112	12
Poisons Part II	69	—
Miscellaneous	170	43
Totals ...	3,544	94

TABLE 22

SAMPLES SUBMITTED TO THE BACTERIOLOGICAL LABORATORY

	<i>Samples</i>	<i>Unsatisfactory</i>
MILK—Tubercle Examination } Brucella Abortus }	119	3
Pasteurised	316	18
Pasteurised (schools)	165	4
Sterilised	25	—
Untreated Milk	199	19
Plant Tests	96	3
Churn and Bottle Rinses	524	123
Ice Cream	150	37
Water	73	1
Shell Fish	42	11
Miscellaneous	68	1
Totals ...	1,777	220

TABLE 23

REGISTRATIONS

Under Section 16, Food & Drugs Act, 1955

The manufacture of Ice Cream	11
The storage and sale of Ice Cream	1,523
The preparation of sausages, or potted, pressed, pickled or preserved foods	308

Under the Milk & Dairies Regulations, 1959

Dairies	61
Distributors	740

Under the Rag Flock & Other Filling Materials Act

Registered to use Filling Materials	17
Licensed to Store Rag Flock	3

Under the Pharmacy & Poisons Act, 1933

Listed Sellers of Part II Poisons	385
--	-----

TABLE 24

**QUINQUENNIAL LICENCES ISSUED UNDER THE MILK
(SPECIAL DESIGNATION) REGULATIONS, 1963**

					<i>1961/1965 as at 31.12.64</i>
To process pasteurised milk	...	...	...	...	11
To sell pasteurised milk	...	...	...	...	547
To process sterilised milk	...	...	...	...	1
To sell sterilised milk	...	...	...	...	631
To sell untreated milk	...	...	...	...	16
				Total	1,206

TABLE 25

VISITS TO PREMISES (EXCLUDING SAMPLING)

Inspection or Enquiry

Butchers' shops	...	...	...	...	1,071
Dairies	...	...	...	...	145
Ice Cream premises	...	...	...	...	141
Other food premises	...	...	...	...	640
Pharmacy and Poisons	...	...	...	...	547
Rag Flock premises	...	...	...	...	39
Injurious weeds	...	...	...	...	55
Infectious disease (except food poisoning)	...	...	...	...	40
Food poisoning	...	...	...	...	120
Dysentery	...	...	...	...	470
Other visits (unclassified)	...	...	...	...	665

Food Inspection

Butchers' shops	...	...	...	...	18
Fish shops and market	...	...	...	...	2,082
Other food premises	...	...	...	...	72
Other premises	...	...	...	...	136
				Total	6,241

Food condemned and surrendered (all types):—
7 tons 14 cwts. 1 qr. 9 lbs.

TABLE 26

REMEDIAL ACTION

Premises	—	Altered and repaired	...	...	28
		decorated and cleansed	...	...	54
		hot water provided to basin/sink	...	...	8
		heating provided	...	...	1
		other defects remedied	...	...	32
Drainage	—	chokages cleared	...	...	1
W.C.'s.	—	flushes provided/repared	...	...	—
		new pans provided	...	...	1
		lighting provided	...	...	3
		other repairs	...	...	18
		nuisances abated	...	...	39
Informal notices		complied with	...	...	20

TABLE 27

COMPLAINTS INVESTIGATED

FOREIGN BODIES

Commodity	Glass	Metal	Insects	Personal Items	Building Materials	Transit/ Packing Materials	Others	Not true Foreign Bodies	TOTAL FOREIGN BODIES	Mould etc.	Dirt etc.	Incorrect labelling/ Misrepresentation	Abnormal smell/taste/ colour	Others	GRAND TOTAL
General Foods ...	1	1	16	2	—	2	1	3	26	16	5	7	12	3	69
General Canned Foods	1	3	6	—	—	—	2	—	12	3	—	2	3	—	20
Drinks (Incl. Ice Cream)	1	2	—	—	—	—	2	—	5	—	2	1	7	1	16
Milk ...	3	4	1	2	3	1	2	—	16	3	11	6	5	—	41
Bread ...	—	8	7	4	1	5	—	1	26	7	9	—	4	—	46
Confectionery (Excl. meat products)	—	2	7	3	—	2	—	2	16	18	5	—	1	—	40
Meat and Meat Products	3	1	3	2	1	1	1	4	16	35	1	4	7	1	64
Canned Meats	—	5	3	6	—	—	—	2	16	16	—	1	24	1	58
Fertilisers & Feeding Stuffs	—	—	—	—	—	—	—	—	—	—	—	17	—	—	17
Others — Pharmacy & Poisons, Medicines & Drugs, Rag Flock etc. ...	—	—	—	—	—	—	—	—	—	—	1	17	1	2	21
TOTALS ...	9	26	43	19	5	11	8	12	133	98	34	55	64	8	392

NOTES RESPECTING TABLE 27

Notes :

The table comprises (a) complaints received direct from the public
(b) complaints received from other authorities
(c) defects, irregularities etc. noted as a result of routine sampling by the Inspectorate.

Foreign Bodies — “Personal Items”

Included under this heading are items of a personal nature which can be deemed to have entered the foodstuff as a result of inadequate personal hygiene and comprise chewing gum, cigarette end, aspirin tablet, bandage, finger dressing, button, match, hair etc.

“Building Materials”

Foreign bodies entered under this heading include stone, sand, cement, electric wire insulation and paint. These complaints are attributable to building or repair work being carried out at the place of manufacture or to misuse of such items as bottles followed by inadequate cleansing or rejection.

“Transit and Packing Materials”

Such items as string, thread, sacking, packing case wood, paper and cardboard are included, all being connected with either the transit and packing of the finished product or of some ingredient thereof.

“Not True Foreign Bodies”

This heading includes items which are of the nature of the product but are not of the quality or substance normally demanded. Examples include gristle, blood clot, cheek lining, hide, prawn eggs, bone etc.

TABLE 28

RAT DESTRUCTION, DISINFESTATION AND DISINFECTION

Total number of complaints received during the year:—

Rats	...	...	...	...	...	...	2,651
Mice	...	...	...	...	...	...	496

Complaints not finally dealt with by 31st December, 1963:—

81

Total	3,228
-------	-----	-----	-----	-----	-----	-----	-------

Analysis of above complaints:—

				<i>Business Premises</i>	<i>Dwelling Houses</i>	<i>Local Authority Premises</i>	<i>Total</i>
Cleared by Department	...	...	...	592	1,642	482	2,716
Cleared by Occupier	...	...	...	21	67	1	89
No treatment required following inspection				49	268	17	334
Not finally dealt with (carry forward to 1965)	...	...	...	21	54	14	89
				683	2,031	514	3,228

Visits and revisits for all purposes:—

In respect of notifications under Part 1, Sec. 2

Prevention of Damage by Pests Act, 1949 12,262

Routine Inspections:—

Ship Inspections — Avonmouth (visits and revisits) ...	1,500			
Avonmouth Dock	2,000			
Portishead Dock	130			
City Docks	750			
River/canal bank	}	...	...	2,754
Waste ground, vacant sites, etc. }				
Business premises	}	...	...	635
Other premises (building sites etc) }				
Miscellaneous visits ... ..	...	...	...	2,348
Total ...				22,379

TABLE 29

DISINFECTION

Disinfections, Drain Tests, etc.

Premises disinfected and disinfested	14,588
Articles disinfected	48,725
Articles disinfested	3,132
Articles destroyed	1,421
Vermin repression — Spraying (visits)	331
Cleaning of verminous persons (baths)	98
Disinfections for hospitals and nursing homes	132
Public library books collected and disinfected	13
Private library books collected and disinfected	—
Foodstuffs, etc., collected and destroyed — No. of cans	36,588
Other foodstuffs (lbs.)	6,010
Premises visited	519
Drain tests	46
Soiled linen service visits	13,140
Soiled linen service	
(articles collected, laundered and returned)	36,437
Other work (visits or journeys unclassified)	6,548
Total vehicle mileage for all purposes	39,257

TABLE 30

SHOPS ACT, 1950

<i>Visits</i>	Retail	4,953
	Wholesale	149
<i>Revisits</i>	Retail	845
	Wholesale	26
<i>Infringements</i>	Failure to exhibit notices	648
	Closing hours	33
	Sunday Employment	34
	Half Holiday	22
	Hours of Young Persons	22
	Meal Intervals	48
	Seats for female assistants	5
<i>Verbal Warnings</i>	... ..	808
<i>Warning Letters</i>	... ..	2
<i>Legal Proceedings</i>	Summonses	30
	(in respect of) Cases	2

SECTION 38 — Assistants' Facilities:

(a) Improved	38
(b) Referred to Public Health Inspectors	47

SUNDAY ENTERTAINMENTS ACT — CINEMAS

<i>Visits</i>	...	...	...	...	...	...	26
<i>Revisits</i>	...	...	...	...	...	...	5
<i>Infringements</i>		Holidays	...	...	...	...	1
		Records	...	...	...	...	1
<i>Verbal Warnings</i>	...	...	...	...	...	...	2
<i>Reported to Licensing Justices</i>	...	...	...	...	...	...	—
<i>Legal Proceedings</i>	...	...	...	...	...	...	—

YOUNG PERSONS (EMPLOYMENT) ACT, 1938

<i>Visits</i>	...	...	...	...	...	...	39
<i>Revisits</i>	...	...	...	...	...	...	4
<i>Infringements</i>		Notices	...	...	...	...	3
		Sunday Employment	...	...	...	...	—
		Half holiday	...	...	...	...	—
		Hours	...	...	...	...	—
		Meal Intervals	...	...	...	...	1
		Night Employment	...	...	...	...	—
<i>Verbal Warnings</i>	...	...	...	...	...	...	4
<i>Warning Letters</i>	...	...	...	...	...	...	—
<i>Legal Proceedings</i>	...	...	...	...	...	...	—

*Time Worked outside of Office Hours and Observation Patrols
by Shop Inspectors:—*

					<i>Hrs.</i>	<i>Mins.</i>
Evenings	...	...	...	...	14	30
Sundays	...	...	...	...	13	35
Wednesdays (p.m.)	...	...	...	...	156	25
Saturdays (p.m.)	...	...	...	...	1	—

THE REPORT OF THE SCIENTIFIC ADVISER AND OFFICIAL AGRICULTURAL ANALYST FOR THE CITY AND COUNTY OF BRISTOL FOR THE YEAR 1964

(Incorporating the Work on behalf of the County of Gloucester and the City of Gloucester)
E. G. Whittle, B.Sc. (London), F.R.I.C.

Introduction

This report is the fifth since the return of the Department to full Corporation control in 1960 and my eighteenth Annual Report since my appointment in 1947. The overall total examinations was 12,812 which included 1,838 smoke recordings. The "true" sampling figure is therefore 10,974 which may be compared with 9,784 in 1963 and 10,314 in 1962. Thus despite considerable staff changes in the year the work continues to expand.

The year has to a considerable extent been one of taking stock and planning for the future. Pesticide residues and food additives are two subjects which have received considerable attention both nationally and internationally, and laboratories such as this will undoubtedly be committed to give greater attention to these matters. We have already given much thought and attention to both problems and with the appointment of Mr. G. J. Dickes, a former technician who joined the Long Ashton staff and obtained his A.R.I.C., we have intensified the work on pesticides. It became increasingly apparent that even more was needed and the Health Committee have agreed to a two-year programme for the acquisition of apparatus for work in the fields of gas chromatography and infra-red spectroscopy, together with two additional members of staff to specialise in these fields. Had space been available earlier we should undoubtedly have made these requests several years earlier, but at long last there is the prospect of considerable expansion in Canynge Hall. This is due to the impending departure of both the Departments of Pathology and Bacteriology in the summer of 1965. Thus we can spread our wings and reorganise the Department to work on a two-floor basis, separating notably trace metal work, spectroscopy, chromatography and infra-red spectroscopy from the more general food, water, milk and fertiliser and feeding stuffs operations. It is intended that library services and abstracting under the control of Miss Lewis will be brought to one room and better co-ordinated, and further that the whole of the top floor of Canynge Hall will be immediately controlled by Mr. Dembrey.

Some reorganisation of the present floor will be possible and in particular stores can be taken from the corridor and better housed. It has long been a source of worry to me and to the Fire Authority that because of lack of space the corridor is such a jumble with all the attendant risks and obstructions in the event of fire.

**SUMMARY OF SAMPLES EXAMINED DURING THE YEAR ENDED 31st DECEMBER, 1964,
FOR THE CITY AND COUNTY OF BRISTOL, THE COUNTY OF GLOUCESTER AND
THE CITY OF GLOUCESTER.**

	<i>Bristol</i>	<i>Gloucester County</i>	<i>Gloucester City</i>
Milk	631	956	38
Food and Drugs	2,351	936	72
Waters and Swimming Baths	250	160	2
Fertilisers and Feeding Stuffs	328	158	12
Miscellaneous	753	139	5
Port Health Office Samples	1,097	—	—
	<hr/> 5,410	<hr/> 2,349	<hr/> 129
Rag Flock Act	43	—	—
District Health Inspectors' samples	102	—	—
Pharmacy and Poisons Act	69	—	—
Atmospheric Pollution:—			
Lead peroxide	43	33	12
Deposit gauges	55	36	11
Smoke Recordings:—			
City	619	—	—
Port Authority	457	—	—
Miscellaneous	1,381	—	—
Spectrophotometric Analyses	1,334	156	4
Chlorination	409	157	2
Merchandise Marks Act	—	1	—
	<hr/> 4,512	<hr/> 383	<hr/> 29
Totals ...	9,922	2,732	158
		Grand Total 12,812	

FOOD AND DRUGS ACT

NEW LEGISLATION. REPORTS AND RECOMMENDATIONS

1. Reference was made in the Report 1963 of the Liquid Egg (Pasteurisation) Regulations 1963, which in fact became operative on 1st January, 1964. Shipment of liquid egg into Avonmouth was spasmodic during the year but some two dozen samples were examined and all but one passed the alpha-amylase test.
2. M.A.F.F. 10/2/64, Meat Tenderisers. The Food Standards Committee recommended to the Minister that they could see no hazard to human health from the consumption of meat tenderised by the pre-slaughter injection of papain. They also advised that provided meat so treated is labelled, the practice is unobjectionable. The Minister accepted their advice and will provide accordingly when the Labelling of Food Order is revised. Papain is the enzyme extracted from the paw-paw fruit.
3. M.A.F.F. 3/1/64. As part of a systematic review of the use of food additives and contaminants a sub-committee of the Food Standards Committee have been asked to examine the question of the leaching of chemicals from food containers, packing materials and printing inks to food. The Sub-Committee welcome comment from interested parties to reach the Secretary by 30th April, 1964.
4. Home Office Circular 47/1964. The Secretary of State had amended the Poisons Law by introducing the Poisons (Fluoroacetamide and Fluoroacetanilide)

Rules 1964 (S.I.1964 (No. 141). These substances are used as rodenticides and in the form of Tritox caused considerable alarm because of their high toxicity and virtual indestructibility.

5. The Ministry issued proposals for Regulations for Canned Meat and Meat Pies. Briefly the proposals are that meat pies should contain not less than 25 per cent and also that meat and vegetable pies described as "Cornish pasty" or "Forfar Bridie" should contain not less than 12·5 per cent of meat. No mention is made of sausage rolls which I feel might well contain at least 20 per cent of meat as judged from recent analyses.

For canned meats the following proposals are made :—

Canned Meat	...	...	...	95	per cent
Canned Minced Meat	...	...	...	90	"
Canned Meat with Jelly and Gravy	...	...	...	80	"
Canned Meat with Cereal	...	...	...	80	"
Meat Loaf	...	...	...	65	"

and further, any product so labelled to suggest it contains meat must have at least 25 per cent of meat. The Original Food Standards Report gave 15 categories of products and suggested standards for these. It is to be regretted that the broader implications of that Report are not to be implemented. It is also suggested that 35 per cent minimum would be preferable to the 25 per cent suggested for other products. Suggestions for labelling and analysis are given in the proposals which would operate 12 months after date of making.

6. Soft Drinks Regulations 1964, No. 760 were made in May but for the most part will not operate until June, 1965.

7. The Dried Milk Regulations 1964 were made in June and will become operative in March, 1965.

8. Food Standards Committee Report on Colouring Matters was published in July and several important recommendations were made.

9. Because of the increasing importance of food additives the Minister has decided to make the Food Additives and Contaminants Sub-Committee in its own right. Professor R. A. Morton is Chairman of the Committee and the full Committee was listed in November. Press Notice M.A.F.F. June 1964.

10. Mineral Oil in Food Regulations 1964, No. 1289 made in July and coming into operation August, 1964.

FOOD AND DRUGS ACT 1956

The adulteration rate for the year for the City only was : ordinary milks 1·4 per cent, Channel Island milks 0·8 per cent, other foods 0·5 per cent, drugs 1·6 per cent and all foods 0·7 per cent. The average composition of 495 ordinary milks was 3·56 per cent fat and 8·79 per cent solids-not-fat. For the 126 Channel Island milks the average figures were 4·42 per cent fat and 8·98 per cent solids-not-fat.

Seventeen food and drugs samples were returned as adulterated and these included chewing gum, halibut liver oil, diabetic fruit squash, formamint tablets, formalin throat lozenges, baking powders, pasteurised liquid egg, ammoniated

tincture of quinine and canned tomato puree. Comment was made on a variety of other foods and drugs. Thus a considerable number of the more modern drugs were examined and all were of satisfactory composition. A survey of the composition of sausage rolls prepared locally produced the interesting fact that most manufacturers were trying to work to at least 20 per cent of meat. A similar survey of meat pies indicated general compliance with the suggested standard of 25 per cent, although two samples could only muster 11 and 17 per cent of meat.

Local factory blended butters gave moisture figures varying from 15·6 to 16·0 per cent. The latter is the statutory maximum and it is obvious that blending is so designed to include the maximum permissible water. A continued watch has been kept on baby food preparations stored at various clinics in the City. Any showing acidities of the order of 1 per cent as lactic acid were recommended for early disposal.

FERTILISERS AND FEEDING STUFFS

88 fertilisers and 24 feeding stuffs were submitted by the City Inspectors and of these 23 received comment for irregularities. 206 feeding stuffs for the Port Inspector were examined and 12 received adverse comment.

WATER AND SEWAGE ANALYSES

248 samples were examined and these included regular samples from City supplies at Canynge Hall, Jubilee Road, Downend, and Frenchay, together with samples from ships in port. Other examinations included control of the Council House heating system, together with streams, seepage and sewage effluents and 123 routine swimming bath checks. The range of variation of the company's present sources of supply to the various areas of the City are of considerable interest.

Bristol Waterworks Supply

			<i>Tap at Canynge Hall</i>	<i>Tap at Jubilee Road</i>	<i>Tap at Downend Homes</i>	<i>Tap at Frenchay Hospital</i>
No. of samples ...	...	...	26	11	5	5
			<i>Range of variation (Parts per million)</i>			
Total Solids ...	...	...	189-329	185-326	192-429	246-269
Chlorine as Chloride ...	...	...	14-18	14-19	16-46	16-17
Nitrate Nitrogen ...	...	...	0·05-2·71	0·22-2·43	0·33-1·28	0·81-1·21
Total Hardness ...	...	...	148-272	118-272	116-236	202-216
Permanent Hardness ...	...	...	40-71	45-72	13-52	47-53

The former Chlorination Officer who was appointed as Field Officer as from April, 1964, has been busy during the year on problems of supervision of paddling pools and school swimming baths, treatment of the Council House hot water system to reduce corrosion, and an increasing amount of advisory work with reference to storage and handling of dangerous chemicals and the control of smell nuisance and similar problems. Considerable assistance has been given to the Education Department regarding Croydon Hall School in connection with both water supply problems and the new sewage purification plant.

RAG FLOCK ACT

Forty-three samples were submitted informally and were all examined microscopically and hence as required by the 1913 Regulations. Two samples contained excesses of chlorine as chloride over the 30 parts per 100,000 required by the Act.

PHARMACY AND POISONS ACT

Sixty-nine samples were examined both for active constituents and labelling details. Most articles were household preparations and a few special comments only are required here.

A number of well known and popular shampoos were examined for pH values and general lathering properties. All were satisfactory as far as could be judged and there were no special labelling requirements.

Kettle descalers based on phosphoric acid continue to be freely sold as distinct from the limitation placed on formic acid and there seems to be every justification for bringing this acid under tighter control.

Aerosol preparations which had caused me some concern in 1963 now seem largely based on propellents of the nature of dichlorofluoromethane which has the advantage of being non-toxic and non-inflammable.

A novelty pig contained pellets of mercuric thiocyanate, a Part I poison. The indiscriminate sale of such poisons by retailers of novelties is most undesirable.

MISCELLANEOUS ANALYSES

1.	City of Bristol general examinations	...	...	326
2.	Biochemical and Toxicological	...	...	44
3.	Foreign bodies, insects and infestation	...	...	127
4.	Gloucester County	...	...	139
5.	Education	...	...	35
6.	City Engineer	...	...	189
7.	Port of Bristol	...	...	1
8.	City Valuer	...	...	3
9.	Housing	...	...	7
10.	Horticultural Officer	...	...	1
11.	Port Health Inspectors	...	...	1,097
12.	Public Health Inspectors	...	...	104
13.	Gloucester City	...	...	5
14.	University of Bristol	...	...	14
15.	Crematorium Superintendent	...	...	2
				<hr/> 2,094
Smoke Recordings (City)				619
" " (Port Authority)				457
" " (Miscellaneous)				1,381
				<hr/> 2,457

There has been a 30 per cent increase in the number of specimens submitted as compared with 1963 and the most notable rises are for Gloucester County, Port Health and Public Health Inspectors.

In the general examinations for the City several interesting items were submitted but the most notable examinations concerned plastic toys.

The scare arising from the report alleging poisoning of a child in Bournemouth as a result of sucking plastic toys imported from Hong Kong had repercussions throughout the country and many public analyst laboratories examined samples of these toys. The total lead in many of them was of the order of 3,000 to 4,000 p.p.m., together with appreciable amounts of chromium, titanium and molybdenum. Solubility tests indicated that both lead and chromium were largely in the insoluble form and the toys would therefore not present any serious hazard even if chewed. Nevertheless the presence of such amounts of lead and chromium are very undesirable in toys and the outcome was an assurance from Hong Kong that future consignments of toys would be more acceptable and would presumably not exceed the 250 p.p.m. lead figure quoted on behalf of the Board of Trade. Titanium is of a low order of toxicity but molybdenum has caused trouble in cattle feeding on grass growing on soils with a relative high molybdenum content. The literature does not give any well-authenticated cases of human poisoning. This scare aroused very considerable public interest and many telephone calls have been received requesting information on the dangers arising from lead painted babies' cots, lead painted gates and fences on farms and the danger to cattle. Several samples have been examined and it would appear that for the most part manufacturers in this country at least are alive to the dangers, and paints for such purposes are largely titanium based.

The biochemical examinations were primarily related to lead in blood and urine. However, two urines were tested for mercury and one showed a border-line figure of 0.009 milligrams per the 24-hour specimen. Two specimens of hair and one stomach washing showed no arsenic. One urine had a "normal" iron content and one serum was examined for copper.

"Foreign bodies" in food showed the usual remarkable variety and included a spider in jam, biscuits with fragments of pumice, milk with an adhesive dressing, margarine with cardboard, an iced lard cake with a brass screw, bread with a one-inch pin, frozen lambs' carcasses with magnetic iron oxide, a cream slice with rodent excreta, a non-brewed condiment with a disintegrated mouse, a school milk with a buttercup, a fruit loaf with a metal screw, a slice of cake with a piece of chewing gum, potato crisps with some sixty immature cockroaches, butter with an embedded aspirin, and many other intriguing "food additives."

Work for other Corporation departments continues to expand. 35 samples from the Education Department were mainly for contract purposes. 189 samples of soil and sub-soil waters came from the City Engineer for examination for pH and sulphates. Other samples included sludges, effluents, condensate and road material.

Examinations were also made on behalf of the Port of Bristol Authority, the Housing Department, the City Valuer's Department, the Horticultural Officer and for the first time for the Crematorium Superintendent.

Well over 1,000 examinations were made for the Port Health Office and many interesting problems were met. Over sixty samples of tea were examined, also a number of oranges contaminated with a sawdust mixture, magnetic iron oxide and an oil, and a series of some 57 spices and herbs all proved of satisfactory composition and made a useful addition to our powders "library." Canadian and Australian flours were examined notably for iron and creta additions with reference to the 1963 Bread and Flour Regulations. The biggest single item examined

was corned beef of which over 250 samples were tested for lead. Certain 6lb. packs caused trouble with lead contents of up to 35 p.p.m. Since April, 1964, the lead limit in canned meat has been 5 p.p.m. Eventually the offending batches were blended and reprocessed.

Public Health Inspectors submitted some 104 samples which included insects, orange juice, butter beans, plums, dust samples, and even a lady's girdle manufactured locally and badly stained with oil smuts as a result of local pollution from a nearby factory.

ATMOSPHERIC POLLUTION

Interest in this subject has been well maintained throughout the year although there is an increasing tendency to continuous smoke and sulphur dioxide measurements. 2,647 observations were made, although of these only 809 rank as samples with the remaining 1,838 simply as smoke observations involving little more than check estimations of smoke stains with the photometer.

Several changes have taken place with City sites for deposit gauges and lead peroxide work. The Waterworks' site, Marsh Street, ceased to be available in the early part of the year, and for the last six months the survey of the City Centre was continued from the C.W.S. building. The 96 tons deposition shows a very considerable improvement and the lowest figure for the last 11 years.

The rainfall figures are much the same as in 1962 and 1963 with fairly heavy amounts of 2 to 3 inches in March, May, June, November and December. Indeed a dry beginning to the year with four dry summer months from July to October led to the imposition of restrictions on the use of water late in the year and only heavy rain in December saved us from more severe restrictions and even now the situation is only slowly improving.

Sulphur pollution has risen at all four sites and heaviest pollution occurs in the last three months of the year. The rising degree of sulphur pollution mentioned in 1963 and continuing in 1964 must be due to the increasing use of domestic fuels with high sulphur contents. The Clean Air Act is, of course, primarily concerned with the control of smoke emissions, but the time is fast approaching when closer consideration must be given to sulphur pollution.

The depositions at the Central Clinic as revealed by three full years' observations indicate that 1964 conditions were the lowest and 1962 the highest, although the range of variation between the two is relatively small and one can expect something of the order of 180 to 190 tons per square mile per year in this area. This is somewhat heavier than depositions at the City Centre and the St. Philips sites.

SPECTROSCOPY

This section dealing primarily with metallic contamination of canned foods, had a very busy year with a 50 per cent increase in the number of examinations as compared with 1963 and to the record number of 1,494. This included the survey of some 250 samples of corned beef already mentioned.

Biochemical and toxicological work is also the concern of this section and 44 specimens, mainly blood and urine, were examined for lead.

OTHER ACTIVITIES

This section of the report deals with matters not strictly analytical, but nevertheless illustrates the extensive range of the departmental work.

Twenty-four prosecutions were instituted by the City and County authorities during the year and these were mainly concerned with foreign bodies in foods. In most cases a plea of guilty was entered.

Thirty-nine lectures were given during the year and included specialised lectures to D.P.H. students, 2nd and 4th year Public Health Inspectors, 4th year Vets and 5th year Medical Students. More general talks on the work of the department were given to various clubs and Townswomen's Guilds.

One particularly important meeting of the Poisons Sub-Committee took place in May to arrange details of a Regional Treatment Centre to be set up at the Bristol Royal Infirmary. Such a centre is intended to meet the need for rapid information and methods of treatment in cases of poisoning.

THE WILLIAM BUDD HEALTH CENTRE

12th Annual Report, 1964

Introduction

The Budd Health Centre progressed uneventfully during the year under review. It was by no means overshadowed by the newer St. George Health Centre and, in fact, the numerous visitors to Bristol who came to see at first hand our health centre development, have invariably asked for this pioneer health centre to be included in their programme.

Staffing

Miss A. E. Balsdon, Sister-in-Charge for the past seven years, was appointed on the 1st March to a similar but upgraded post at the St. George Health Centre. There was delay in the upgrading of the appointment at the Budd but eventually on the 1st August Miss A. M. Lark, a very experienced Centre Superintendent, was transferred from an adjacent busy health clinic. There was one change in clinic nurses: Mrs. G. Cowland left for family reasons in August and was replaced by Mrs. M. P. A. Harvey. A secretary, Miss D. Pavey, appointed in January, left on marriage as Mrs. Vickers in August and was replaced by Miss J. M. Earnshaw.

Committees

The House Committee met in June and October but it was unnecessary to convene a Joint Advisory Committee. Consideration was given to increasing the frequency of meetings but it was decided to retain the present procedure to ensure that information of general interest and importance is made known to the doctors through the usual channel as and when it arises.

Diabetic Survey

Despite the stated policy of the Ministry of Health, the medical practitioners decided in favour of a pilot scheme to survey a selected age-group with the active co-operation of the nursing staff.

Geriatric Clinic

Unfortunately unanimous approval has not been forthcoming with regard to a regular geriatric session, but the idea of giving elderly people a general overhaul is generally welcome.

Ante-Natal Consultant Services

Surprise has been evinced at the number of patients attending the ante-natal consultant session. This appears to overflow to use all available space in the centre but the sister-in-charge is clear that the consultant and the patients are quite happy about the arrangements.

Appointment System

Following the successful innovation of an appointment system at the St. George Health Centre, the doctors will invite colleagues working such a system to seek

their opinions, especially as to the merit of an appointment system in town or country practice.

Sunday Morning Treatment Session

A recent circular of the Whitley Nurses and Midwives Council on Sunday pay, although not applicable to local authority staff, led to the clinic nurses asking if the Sunday morning treatment session might be suspended. The number of treatments and injections had been decreasing and it was suggested these might be covered by district nurses. It was decided that the question of Sunday duty could not be considered in isolation but would need to be considered in the light of all emergency cover work at the centre. The necessary consultations were started.

Nutrition Clinic

The nutritionist attended for 39 sessions during 1964, alternate sessions being held in the evenings for the convenience of those working during the day. In all, 113 new patients were seen during the year and attendances totalled 503.

Talks and advice about diet were also given to expectant mothers attending the ante-natal classes.

Relaxation and Parentcraft Classes

These classes have continued throughout the year, and have been attended by 53 mothers, who have made 183 attendances to both classes. Four evening sessions have been held for mothers and fathers when there were 49 attendances.

CHILD AND FAMILY GUIDANCE WORK

A team from the Child and Family Guidance Clinic has continued to attend the William Budd Health Centre in 1964; the whole team, child psychiatrist, educational psychologist, and psychiatric social worker, attending once a month, mainly for diagnostic purposes, and the psychiatric social worker attending once a week.

Regular monthly conferences with the clinic health visitors have continued and, during this year, these have developed into joint conferences with the health visitors from Broadfield Road Clinic. This link-up of the two groups has proved stimulating and there have been some lively discussions.

Of the 40 referrals, 24 were interviewed for diagnostic purposes by the whole team, 13 were seen by the psychiatric social worker alone, 3 did not attend. The number of children under 5 years of age referred continues to be very small, 3 only this year. This is disappointing.

Nine children and their mothers have attended for follow-up purposes. Two have attended one of our other clinics for weekly follow-up. Thirty-two mothers have attended from time to time to discuss their personal and family problems with our psychiatric social worker, who has also visited a few families regularly.

Our educational psychologist has paid regular visits to schools in the area.

TABLE 1

**WILLIAM BUDD HEALTH CENTRE PRACTICE
AGE—SEX CENSUS OF PATIENTS AT 31st DECEMBER, 1964**

Age Groups	“A”	PRACTICE				TOTALS		SEX	
		“B”	“C”	“D”	“E”	No.	%	M	F
0- 4	468	49	299	163	237	1,216	10·0	635	581
5- 9	566	61	284	149	264	1,324	10·9	681	643
10-14	530	88	288	120	208	1,234	10·3	591	643
15-19	473	55	327	171	234	1,260	10·4	645	615
20-24	308	53	237	114	200	912	7·5	469	443
25-29	322	42	180	157	186	887	7·3	443	444
30-34	329	42	191	112	167	841	6·9	455	386
35-39	315	58	160	115	154	802	6·6	416	386
40-44	266	56	188	86	141	737	6·1	394	343
45-49	211	37	118	65	82	513	4·2	255	258
50-54	231	48	134	96	111	620	5·1	307	313
55-59	193	32	114	103	123	565	4·6	280	285
60-64	141	37	91	97	127	493	4·1	245	248
65-69	105	15	60	47	86	313	2·6	139	174
70-74	61	22	37	38	48	206	1·7	80	126
75-79	31	15	28	26	34	134	1·1	57	77
80-84	26	12	12	9	11	70	0·6	24	46
85-89	9	3	6	3	5	26	0·2	10	16
90+	2	—	—	2	—	4	—	1	3
All Ages									
No.	4,587	725	2,754	1,673	2,418	12,157	—	6,127	6,030
%	37·7	6·0	22·7	13·8	19·9	100·0	—	50·4	49·6

During the last year there has been an increase of 52 patients on the lists of the doctors working at the health centre. Since the centre opened late in 1952 the total lists show an increase, thus :—

1952: 9,473

Increase: 2,684 — 28·3%

1964: 12,157

Some of this increase is caused by patients transferring from the doctors' main surgeries on the periphery of the estate.

TABLE 2

**WILLIAM BUDD HEALTH CENTRE
ATTENDANCES AT SURGERIES — JANUARY—DECEMBER, 1964**

	PRACTICE					All Practices	A.M.	P.M.
	"A"	"B"	"C"	"D"	"E"			
<i>1st Quarter</i>								
Total Attendances	3,570	675	2,440	1,710	1,700	10,095	6,436	3,659
Average per week	275	52	188	131	130	777	495	281
% of total	35·4	6·7	24·2	16·9	16·7	100·0	63·9	36·2
<i>2nd Quarter</i>								
Total Attendances	3,222	607	2,229	1,469	1,779	9,306	6,060	3,249
Average per week	248	47	171	113	137	716	466	250
% of total	34·6	6·5	24·0	15·8	19·1	100·0	65·1	34·9
<i>3rd Quarter</i>								
Total Attendances	3,383	561	2,123	1,470	1,536	9,073	5,951	3,122
Average per week	260	43	163	113	118	689	458	240
% of total	37·3	6·2	23·4	16·2	16·9	100·0	65·6	34·4
<i>4th Quarter</i>								
Total Attendances	3,710	630	2,152	1,627	1,721	9,840	6,302	3,538
Average per week	285	48	166	125	132	757	485	272
% of total	37·7	6·4	21·9	16·5	17·5	100·0	64·0	36·0
Total for Year	13,885	2,473	8,944	6,276	6,736	38,314	24,749	13,565
Average per week (53 weeks)	262	47	169	118	127	723	467	256
% of total	36·2	6·5	23·3	16·4	17·6	100·0	64·6	35·4

The total attendances for 1964 (a 53-week year) was 38,073: an increase of 241 over 1963.

The yearly average attendances per patient were :—

Practice A	3·0
B	3·4
C	3·3
D	3·8
E	2·8

The average yearly attendances for all lists was 3·2, 0·1 higher than the previous year.

TABLE 3
GENERAL PRACTITIONER — MATERNAL AND CHILD WELFARE

						1963	1964
Sessions	...	...	...	...	...	231	244
Mothers attended	...	...	...	...	...	2,317	2,433
Average	...	...	...	...	...	10	10
<i>1964 — Blood Samples for Tests</i>							
<i>Tests</i>						<i>Medical Care in Clinic</i>	
						<i>A.N.</i>	<i>P.N.</i>
Haemoglobin	...	...	...	...	...	1,039	30
Full Blood Count	...	...	...	...	...	92	—
Wt. K.	...	...	...	...	...	385	—
Rhesus Factor	...	...	...	...	...	385	—

TABLE 4
NUMBER OF PATIENTS REFERRED TO HOSPITAL SPECIALISTS (ALL DOCTORS)

<i>Year</i>	<i>Ortho.</i>	<i>Paed.</i>	<i>Phys.</i>	<i>Surg.</i>	<i>E.N.T.</i>	<i>Gyn.</i>	<i>Total</i>
1964	196	59	520	357	316	178	1,626

TABLE 5

<i>Year</i>	<i>Chest X-Rays</i>	<i>Other X-Rays</i>
1964	145	120

The number of patients referred for X-ray does not include referrals dealt with by the doctors personally. In addition the referrals to hospital specialists relate only to those made by the doctors during day-time surgeries; the tests for urines, bloods and swabs only refer to specimens sent for laboratory testing; urine tests actually done at the health centre are now known.

TABLE 6

**WILLIAM BUDD HEALTH CENTRE
TREATMENTS — APRIL—DECEMBER, 1964
(excluding Ante-Natal cases)**

<i>CATEGORY</i>				<i>2nd Qtr.</i>	<i>3rd Qtr.</i>	<i>4th Qtr.</i>	<i>Total</i>
<i>Patients</i>							
i. Referred by G.P.	...	...	...	1,678	2,215	2,388	6,281
ii. Not seen by G.P.	...	...	...	2,195	2,800	2,293	7,288
iii. Total Patients	...	...	...	3,873	5,015	4,690	13,578
% of patients after 5 p.m.	...	...	...	35	31	30	32
<i>Treatment</i>							
1. Dressings	...	...	...	1,818	2,541	2,103	6,462
2. Minor Operations	...	...	...	83	52	30	165
3. Eye Treatment	...	...	...	27	36	25	88
4. E.N.T. Treatment	...	...	...	205	313	258	776
5. Chaperone	...	...	...	354	310	471	1,135
6. Antibiotics	...	...	...	394	314	421	1,129
7. Other injections	...	...	...	571	598	511	1,680
8. Cautery	...	...	...	8	6	22	36
9. Other	...	...	...	368	552	519	1,439
			TOTALS	4,119	4,801	4,441	13,361
<i>Investigations (excluding A/Natal)</i>							
A. Haemoglobin	...	...	...	409	388	463	1,260
B. E.S.R.	...	...	...	41	46	38	125
C. E.C.G.	...	...	...	22	11	11	44
D. Urine	...	...	...	240	250	346	836
D1. No. in D referred to Path. Lab.	...	...	...	28	2	9	39
<i>Specimens sent to Laboratory</i>							
a. Blood	...	...	...	54	55	39	148
b. Ear swabs	...	...	...	29	33	53	115
c. N.T. swabs	...	...	...	14	27	13	54
d. Urines	...	...	...	66	49	69	184
e. Other	...	...	...	94	44	59	197

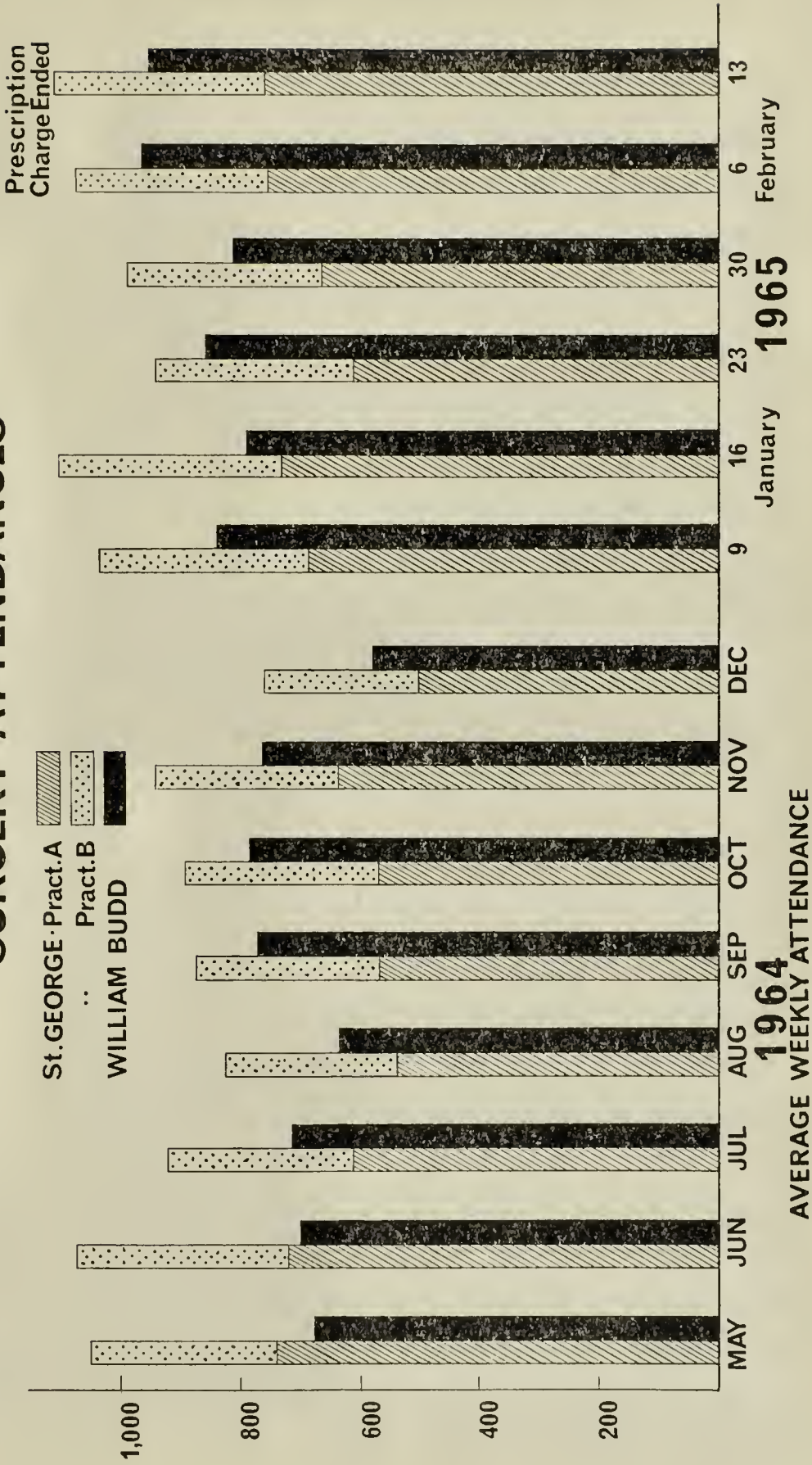
Figures for the first quarter were not kept on a comparable basis.

TABLE 7

<i>Year</i>	<i>No. of Night Calls — Doctors</i>
1963	1,505
1964	1,304

TABLE 8

St. GEORGE & Wm. BUDD HEALTH CENTRES
SURGERY ATTENDANCES



THE ST. GEORGE HEALTH CENTRE

First Annual Report — 1964

A. E. Meacham

W. B. Fletcher

Introduction

A site for a health clinic at St. George was included in the City's Draft Development Plan as long ago as 1945. Difficulties over land availability and stringencies in capital expenditure prevented any progress being made until 1961.

St. George is one of the older districts of the City. During the post-war years, it has undergone considerable change in character; unfit property has been cleared and some flat development has followed. Municipal and private development is filling in sparsely populated areas.

Local press publicity about the planning of a local authority clinic for the area led to a group of five general practitioners (closely followed by a second group of three) approaching the Medical Officer of Health with the suggestion of building a health centre instead of a clinic.

The Health Committee felt that a health centre would provide a first-class medical service both from the general practitioners' and the local health and education authority's point of view and gave the scheme their blessing. The Regional Hospital Board were interested but did not wish to take part; the Local Dental Committee, because of staffing difficulties peculiar to dental health centres, decided not to provide general dental services. As a result, the Dental unit at the Centre is for priority classes for whom the local authority are responsible—expectant mothers, children under five and schoolchildren. The Pharmaceutical Committee decided that there was already a good dispensing service in the area, so the Centre does not include a pharmacy.

Larger Building

A larger building than the William Budd Health Centre was needed since it had to house the main practices and not branch practices as at Knowle. Schedules were prepared and it was found that with careful planning and agreed joint usage of rooms, full occupation of the available accommodation could be ensured for up to twelve hours a day.

An attractive design was chosen of prefabricated timber construction and much thought was given to furnishings to ensure a tasteful colour scheme. Work started in October, 1963.

The new health centre has two main waiting rooms, one for each practice. The larger waiting room is suitable for use as a lecture room for health education and group physiotherapy purposes. Three suites of surgery and examination rooms are grouped around the larger, and two suites around the smaller waiting room. Each suite has a private entrance for the practitioners. The ante-natal examination suite is used by the general practitioners, local authority doctors and midwives. A treatment room with its own waiting room and recovery room is staffed all day by nurses. There is also a sister's office, a room for social workers and health visitors, and a staff common room where the doctors can meet all the domiciliary health workers to discuss common problems.



St. George Health Centre



The Main Waiting Room



The Treatment Room

Care with Staffing

Considerable thought has been given to the staffing of the Centre. In consultation with the doctors a very experienced Sister-in-Charge was appointed in general charge of the Centre. She has a deputy and state registered nurses staff the treatment room for the treatment of general practitioners' patients and the minor ailments of schoolchildren. The reception of patients, the keeping of records and secretarial work is shared by secretaries, a clerk and clinic helpers. Health visitors, district nurses and other domiciliary workers in the area are based on the Centre.

Appointment System

The general practitioners use the Centre mornings and evenings for their usual surgeries; the local authority takes over the accommodation for their services in the afternoons although the doctors arrange special consultation sessions also. Much thought has been given to an appointment system. It is true that some patients are not used to making appointments but women regularly see their hair-dressers by appointment and everybody expects to visit their dentist at a fixed time. Before the Centre was opened cards were sent to all the patients on the lists of the doctors telling them how to see their doctor and how to book an appointment.

Patients of doctors operating from the Health Centre were asked to make appointments in advance, if possible, a day or at least a surgery before the one they wished to attend. If this was not possible they were asked to telephone or call at the Health Centre near the beginning of a surgery and make an appointment then. If this is impossible patients come along to the surgery in the usual way and they are given an appointment by the receptionist for the earliest available time. Even in these circumstances the wait is not as long as formerly. There is no question of a patient who arrives during surgery hours not being seen.

To the busy family doctor there are many advantages and no serious disadvantages in an appointment system but it is the patient who should benefit most. He no longer has to waste time waiting to see the doctor or to dread the beforehand long uncertain wait. The doctor-patient relationship is improved because the doctor is expecting the patient whose name he knows and is not just "the next patient, please." When a patient goes to see a doctor it is often about a personal matter and a wait in a crowded waiting-room is not appreciated. Moreover, the risk of cross-infection is reduced when only a few patients at a time are waiting together.

Local Committees

Through the use of a House Committee and a Joint Advisory Committee, relations between the doctors, the Executive Council and the Health Committee have been consistently good. The House Committee, comprising the Medical Officer of Health, the doctors practising at the Centre and the Clerk to the Executive Council, have dealt with detailed planning; matters of policy have been dealt with by the Joint Committee composed of representatives of the Local Health Authority, the Executive Council and the Local Medical Committee. Both Committees have been operating for a year.

It is in the field of co-operation among the members of the community health team that the value of a health centre is best proved. The doctors, health visitors, home nurses, chiropodist, physiotherapist, nutritionist and psychiatric social worker find the staff room a place where they can daily make contact and discuss problems. Contact with the probation officer, the school welfare officer and teachers is also made easy. The myth that health centres would make the patient-doctor relationship impersonal and remote has been destroyed. In fact the relationship has been balanced in that the secretarial and nursing help allows the doctors to give more time to patients. The diagnostic and treatment services on the spot save patients many hours of travelling time to hospitals.

Progress Report

The St. George Health Centre at Bellevue Road was officially opened on St. George's Day, 23rd April, 1964. One partnership of doctors moved in on Monday, 27th April, and the second partnership began practising at the health centre on Monday, 4th May, 1964. Local authority services were fully functioning shortly afterwards.

Committees

Inevitably the period under review has been one of heavy committee activity towards the evolution of the health services covered by the health centre. Besides informal meetings there were ten meetings of the House Committee and two of the Joint Advisory Committee.

Official Opening

The centre was officially opened by the Rt. Hon. Lord Taylor, M.D., B.Sc., F.R.C.P., on St. George's Day, in the presence of over 100 interested guests.

Staffing

The Chairman and Vice-Chairman of the Health Committee, together with representatives of both practices, interviewed and appointed the approved nursing and secretarial staff.

Furniture and Equipment

The House Committee were consulted on the provision of furniture and equipment.

Telephones and Night Calls

The day and night arrangements, including monitoring, for the internal switch-board were agreed with the Telephone Manager. All patients were given cards advising them of the telephone numbers to call for their doctors.

Name Plates

The doctors, who bore the cost of their plaques, agreed a small and standardised design.

Agreements

Terms of agreement were prepared by the Town Clerk and the solicitors to the Executive Council with the insertion of the date of 1st April, 1964. The tenure of service is for a term of seven years in the first instance, with an option for the renewal of this lease on such terms as may be agreed between the Corporation and the Local Executive Council at the end of this period.

Responsibility for Treatment

The relationship between the nurses and the doctors at the centre is considered similar to that in hospital or that between general practitioners and district nurses. Any treatment carried out by the nursing staff at the centre would be at the request of the medical practitioner who would assume responsibility. For instance, with regard to the taking of blood specimens, any doctor who wishes a nurse to use a syringe and needle for this purpose will, provided the nurse is happy to co-operate, instruct her in the procedure and will also take full clinical responsibility for any mishap that might occur.

Physiotherapy

Whilst the Local Health Authority physiotherapist treats the priority classes, an approach has been made to the Bristol and District Mobile Physiotherapy Service to ascertain if they would be willing to provide a regular session for patients under the general medical services. It is thought that the voluntary body providing domiciliary services might be very willing to expand their services in this way and this would be particularly useful if combined with a geriatric session.

Intercommunication System

Whilst the idea of a Centrum "M" loudspeaker intercommunication system was not favoured as a method of calling patients, in the interest of staff economy a twelve-point intercommunication system has been installed in the light of experience of the first few months' working.

Geriatric Clinic

Since the inauguration of a geriatric clinic there has been a deliberate emphasis on preventive medicine for the elderly. It is now intended to invite men and women of retiring age to visit the centre, at the invitation of their family doctor and health visitor, soon after their 60th or 65th birthday. In this way it is hoped that a medical examination and advice will prepare them for 15 or 20 years of healthy retirement. Further details are shown under "Care of the Aged."

Relaxation and Parentcraft Classes

Since the Health Centre has been opened, 64 mothers have attended parentcraft and relaxation classes.

In conjunction with these classes the film "To Janet a Son" has been shown to mixed audiences, and this has been much appreciated. The husbands as well as their wives appear to enjoy these sessions.

Health education has been given at some of the infant welfare sessions, and amongst the subjects chosen have been Dental Hygiene, given by Miss P. Milstead, and Road Safety, by Sergeant Viner.

TABLE 1

**ATTENDANCES AT ST. GEORGE HEALTH CENTRE
35 WEEKS ENDING 2nd JANUARY, 1965**

	MORNING			EVENING			TOTAL	
	<i>Total</i>	<i>By Appointment</i>	%	<i>Total</i>	<i>By Appointment</i>	%	<i>Total</i>	<i>By Appointment</i>
	<i>No.</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
<i>Practice 'A'</i>								
First 8 weeks ...	3,131	2,018	64·4	2,710	1,890	69·7	5,841	3,908
3rd Quarter ...	4,039	2,652	65·7	3,403	2,494	73·3	7,442	5,146
4th Quarter ...	4,364	2,841	65·1	3,533	2,607	73·8	7,897	5,448
35 weeks ...	11,534	7,511	65·1	9,646	6,991	72·5	21,180	14,502
<i>Practice 'B'</i>								
First 8 weeks ...	1,533	868	56·6	1,107	730	65·9	2,640	1,598
3rd Quarter ...	2,168	1,234	56·9	1,619	1,142	70·5	3,787	2,376
4th Quarter ...	2,433	1,374	56·5	1,660	1,086	65·4	4,093	2,460
35 weeks ...	6,134	3,476	56·7	4,386	2,958	67·4	10,520	6,434
<i>BOTH PRACTICES</i>								
Total ...	17,668	10,987	62·2	14,032	9,949	71·0	31,700	20,936
Weekly Average ...	505	314	—	401	284	—	906	598
								66·0
								—

TABLE 2

ATTENDANCES BY DAYS OF WEEK FOR 35 WEEKS ENDED JANUARY 2nd, 1965

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	Total	By appoint- ment No. %	Total	By appoint- ment No. %	Total	By appoint- ment No. %	Total	By appoint- ment No. %	Total	By appoint- ment No. %	Total	By appoint- ment No. %
<i>PRACTICE 'A'</i>												
Mornings ...	2,041	1,130 55	1,936	1,282 66	2,218	1,487 67	1,608	1,038 65	1,881	1,285 68	1,850	1,289 70
Evenings ...	2,307	1,632 71	1,774	1,261 71	2,146	1,593 74	1,462	1,047 72	1,957	1,458 75	—	—
Daily Total ...	4,348	2,762 64	3,710	2,543 69	4,364	3,080 71	3,070	2,085 68	3,838	3,743 71	1,850	1,289 70
<i>Weekly Average</i>												
Mornings ...	62	34 55	55	37 67	63	42 67	46	30 66	55	38 69	54	38 70
Evenings ...	70	49 70	51	36 70	61	46 75	43	31 72	58	43 74	—	—
<i>PRACTICE 'B'</i>												
Mornings ...	1,117	544 49	1,072	635 59	1,191	722 61	1,104	666 60	1,107	713 64	543	196 36
Evenings ...	1,162	747 64	960	669 70	—	—	1,053	704 67	1,211	838 69	—	—
Daily Total ...	2,279	1,291 57	2,032	1,304 64	1,191	722 61	2,157	1,370 64	2,318	1,551 67	543	196 36
<i>Weekly Average</i>												
Mornings ...	35	17 49	31	18 58	34	21 62	32	19 59	33	21 64	16	6 38
Evenings ...	36	23 64	29	20 69	—	—	31	21 68	36	23 69	—	—

TABLE 3

TREATMENTS — 35 WEEKS ENDING JANUARY 2nd, 1965

CATEGORY	PRACTICE 'A'				PRACTICE 'B'				TOTAL			
	First 8 wks	3rd Qtr. (13 wks)	4th Qtr. (14 wks)	Total	First 8 wks	3rd Qtr. (13 wks)	4th Qtr. (14 wks)	Total	First 8 wks	3rd Qtr. (13 wks)	4th Qtr. (14 wks)	Total
Patients												
i. Referred by G.P.	...	710	638	1,835	440	553	614	1,587	927	1,243	1,252	3,422
ii. Not seen by G.P.	...	202	153	521	76	173	92	341	242	375	245	862
iii. Total patients	...	912	791	2,356	516	706	706	1,928	1,169	1,618	1,497	4,284
% of patients after 5 p.m.	...	48.6	45.9	47.4	33.3	34.4	36.5	34.9	41.2	42.4	41.5	41.8
Treatments												
1. Dressings	...	265	184	639	59	105	74	238	249	370	258	877
2. Minor operations	...	9	2	21	9	8	9	26	19	17	11	47
3. Eye Treatment	...	4	3	10	5	4	1	10	8	8	4	20
4. E.N.T. Treatment	...	104	86	265	27	75	38	140	102	179	124	405
5. Chaperone	...	29	25	81	23	19	31	73	50	48	56	154
6. Antibiotics	...	16	6	39	11	15	15	41	28	31	21	80
7. Other injections	...	172	82	394	82	131	115	328	222	303	197	722
8. Caution	...	—	—	—	4	4	5	13	4	4	5	13
9. Other	...	166	149	388	34	52	67	153	107	218	216	541
Investigations (excluding A/Natal)												
A. Haemoglobin	...	36	126	172	11	19	75	105	21	55	201	277
B. E.S.R.	...	7	12	22	10	15	21	46	13	22	33	68
C. E.C.G.	...	5	14	27	49	38	46	133	57	43	60	160
D. Urine	...	56	64	179	139	223	224	586	198	279	288	765
D1. No. in D referred to Path. Lab.	...	—	—	—	1	—	—	1	1	—	—	1

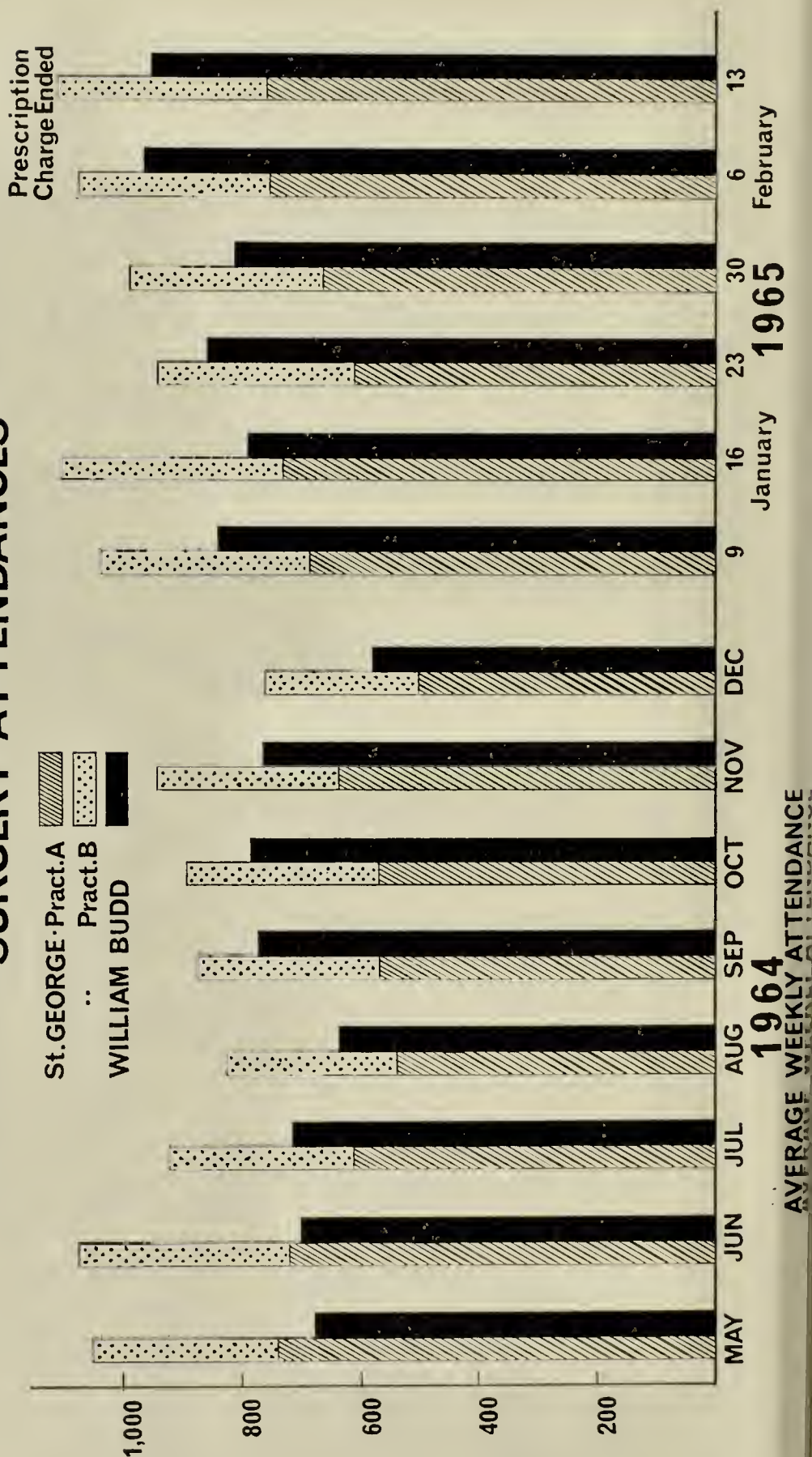
TABLE 4

ANALYSIS OF HOME VISITS FOR THE 24 WEEK PERIOD ENDED JANUARY 2nd, 1965

ACUTE ILLNESS															
Doctor	Weeks Worked	Initial Visits				Re-Visits				Repeat Visits				Total Visits	Average per Doctor/Week
		Below Pensionable Age		Of Pensionable Age		Below Pensionable Age		Of Pensionable Age		Below Pensionable Age		Of Pensionable Age			
		M	F	M	F	M	F	M	F	M	F	M	F		
1. ...	19	156	171	39	97	78	81	26	90	27	6	87	213	1,071	56
2. ...	21	142	235	19	40	107	236	28	41	9	48	185	351	1,441	69
3. ...	20	193	253	17	35	119	184	10	35	9	46	137	375	1,413	71
4. ...	22	121	189	30	113	98	144	38	117	3	5	160	449	1,467	67
5. ...	21	145	183	37	43	87	136	46	47	3	25	115	210	1,077	51
Totals	103	757	1,031	142	328	489	781	148	330	51	130	684	1,598	6,469	63
Total Initial Visits = 2,258 or equivalent to 44 visits per annum per 100 patients on list.															
Total Revisits = 1,748 or equivalent to 34 visits per annum per 100 patients on list.															
Total Repeat Visits = 2,463 or equivalent to 47 visits per annum per 100 patients on list = 125 patients on list = 125 per annum.															
PRACTICE 'B'															
1. ...	22	98	110	32	46	51	40	113	154	—	1	30	69	744	34
2. ...	23	195	198	71	134	163	194	132	178	22	20	84	177	1,568	68
3. ...	22	156	231	9	31	40	136	6	17	6	14	51	172	869	40
Totals	67	449	539	112	211	254	370	251	349	28	35	165	418	3,181	47
Total Initial Visits = 1,311 or equivalent to 43 visits per annum per 100 patients on list.															
Total Re-Visits = 1,224 or equivalent to 21 visits per annum per 100 patients on list.															
Total Repeat Visits = 646 or equivalent to 21 visits per annum per 100 patients on list = 104 patients on list = 104 per annum.															

TABLE 5

St. GEORGE & Wm. BUDD HEALTH CENTRES SURGERY ATTENDANCES



SURGERY ATTENDANCES AND HOME VISITS DURING 24 WEEKS
ENDED JANUARY 2nd, 1965

Since July, 1964, all doctors have been recording their home visits. Each visit was put into one of the following categories :—

1. Acute sickness, first visit.
2. Acute sickness, revisit.
3. Chronic sickness, repeat visit.

Visits of patients to the Health Centre are also recorded and the two figures show the amount of contact between patient and doctor.

The number of patients on the list of each practice has varied little since the inception of recording and the calculations shown below are based on the lists as they stood at October 1st, 1964.

						<i>Practice 'A'</i>	<i>Practice 'B'</i>
A.	Surgery attendances — 24 wks.	...	...	...	...	13,452	6,928
B.	Equivalent figures for 52 wks.	...	...	...	...	29,146	15,011
C.	Equals attendances per 100 patients per annum	...	...	...	...	260	227
D.	Home visits in 24 weeks	...	...	...	...	6,466	3,181
	1. Acute — first visit	...	...	...	...	2,258	1,311
	2. „ revisits	...	...	...	...	1,748	1,224
	3. Chronic sick — repeat visits	...	...	...	...	2,460	646
<i>Equivalent visits per annum per 100 patients</i>							
	1. Acute — first visit	...	...	...	...	44	43
	2. „ revisits	...	...	...	...	34	40
	3. Chronic sick — repeat visits	...	...	...	...	47	21
	Total visits	...	...	...	...	125	104

It will be seen, therefore, that for every 100 patients, practice “A” might expect 260 consultations at the surgery plus 125 visits to patients’ houses, a total of 385 or almost 4 items of service for every patient.

In practice “B” the corresponding figures are 227 surgery consultations plus 104 visits or 331 items of service per 100 patients. Practice “B,” however, still deals with repeat visits at the Clouds Hill Surgery which are excluded from these figures.

It should be pointed out that patients seen at ante-natal and infant welfare clinics are also excluded from these figures.

BRISTOL HOME SAFETY COUNCIL

REPORT FOR 1964

At the Annual General Meeting on 4th March, 1964, a proposal was considered to amend the Constitution of the Council. The effect of this proposal was to discontinue the meetings of the Committee which had taken place at approximately four-week intervals and instead to hold meetings of the Council at approximately eight-week intervals instead of meeting every three months. The proposal was unanimously adopted.

REPORT OF THE ROYAL COLLEGE OF SURGEONS

Following the publication of a report on Accident Prevention and Life Saving by the Royal College of Surgeons, Dr. Buxton, Chairman of the Bristol Centre of the St. John's Ambulance Association, was invited to address the members of the Council, to see if any further measures of public education on accident prevention could be evolved. It was agreed that another circular letter should be sent to various organisations, drawing attention to the services of the Speakers' Panel. The response was most encouraging, one of the most interesting and in some respects challenging requests being received from the Central Institute for Further Education; this was for a speaker to address groups of about 50 young men and women, on day release, on five consecutive afternoons. The audiences were of very mixed educational levels, but nevertheless the talks were very well received and the Principal of the Institute has asked if the talks can be repeated in future years.

ESSAY COMPETITION

The St. John Ambulance Association invited the Home Safety Council to participate in an essay competition which the Association wished to organise in schools.

The Association offered monetary prizes for the three best essays on the subject of "The Prevention of Home Accidents." The support and agreement of the Chief Education Officer was obtained and the competition was open to all children over 11 years of age and under 15 on December 1st, 1964. It was decided to present the Ethel Boyce Memorial Rose Bowl to the school from which the entries displayed the best all-round knowledge of the subject.

The judges of the competition were Miss Hawkins, a member of the Centre Committee of the St. John Ambulance Association, Dr. Kenneth Lee, Chief Medical Officer of the S.W. Gas Board, and the Secretary of the Home Safety Council.

The three winning essays were of a high standard and the awards were made to :—

First Prize—Margaret Davies, Merrywood Grammar School for Girls.

Second Prize—Pamela Rawlings, Merrywood Grammar School for Girls.

Third Prize—Allison Burrage, Rose Green High School for Girls.

The Ethel Boyce Memorial Rose Bowl was won by St. Bernadette's R.C. School.

The First Prize Essay was published in full in the Eighty-fourth Annual Report of the Bristol Centre of the St. John Ambulance Association.

BRISTOL FLOWER SHOW

For the seventh successive year, space was taken at the Annual Flower Show to arrange an accident prevention exhibit. Members of the Home Safety Council would like to record their appreciation of the generosity of the Horticultural Committee for giving the space free of charge.

This year, it was decided once again to concentrate on accidents likely to occur in the garden. The approach was a humorous one, the main part of the exhibit being taken up with cartoon drawings of a family: the "Trouble-Just-Comes". Children were invited to participate in a competition to spot the number of potential hazards illustrated, as well as to list other gardening accidents not shown. The prize was a Kodak Camera outfit, generously donated by Messrs. Salanson and Co., and it was won by Robert Fowler aged 13 years, of 13 Burghley Road, St. Andrews, Bristol, 6. The exhibit aroused considerable interest and was awarded a gold medal prize, a fact which in itself was indicative of the quality of the exhibit.

The stand was again staffed throughout the three days by volunteers from the N.W. Federation of T.W.G., the Bristol Castle Federation of T.W.G. and the Young Wives' Groups of the Mothers' Union.

Safety in and around the home continued to be featured in health education activities in all the City Clinics. During the summer months, "water safety" was the main theme; in the autumn and winter the emphasis was on firework safety and fire prevention. In this latter subject the need for the greater use of flame-resistant fabrics was stressed. The Children's Nightdress Regulations 1964 came into effect from 1st September, and although only applicable to made-up night wear for children, the Regulations represented a major step forward in the field of accident prevention.

The Home Safety Council wish to record once again its appreciation of the support of the Health Committee, and of the interest and support of many individuals and organisations in the City who are concerned about the prevention of home accidents.

VETERINARY INSPECTOR'S ANNUAL REPORT 1964

J. Allcock, B.V.Sc., M.R.C.V.S.

(Inspector under Diseases of Animals Act)

NOTIFIABLE DISEASES

Swine Fever

As the slaughter policy has replaced the previous method of notification and control, the restriction orders on swine movement have multiplied, and large areas have been involved. Some 67 such orders have been made during the year. Bristol has been within the area on only two occasions, but each and every order may affect the City in that any pigs passing through an infected area can only do so if on a licence. In all, 343 pigs were licensed for movement during the year.

Foot and Mouth Disease

The whole country remained free during 1964.

Fowl Pest

The slaughter policy has now ceased for a full year. Vaccination using dead vaccines continues to be the official policy of control. Some 2,000 outbreaks were reported during 1964. As the disease is now often very mild and no compensation is now payable, there is little incentive to report the suspected presence of the disease, and one wonders how many outbreaks in fact occur in excess of the published figures. Other respiratory diseases of poultry are assuming a greater importance than fowl pest, and it may be that there is a case for removing this infection from the list of notifiable diseases.

PET ANIMALS ACT

I have visited each Pet Shop in the City at least once during the year, and many on numerous occasions. The vast majority of the owners of these shops are co-operative and considerate to the animals in their care, but a minority seem to consider that anything which interferes with their desire to house the maximum number of animals at minimum expense of time and trouble must be resisted to the last. One prosecution during the year resulted in conviction on two charges and another prosecution against the same person is now pending.

There is another aspect of the Pet Animals Act which gives me concern. There are a few premises just outside the City licensed as Boarding Kennels which make a business of selling puppies. These are not bred on the premises but simply bought in from all parts of the country in the hope of sale. Inevitably infections develop and the new owner of a puppy bought in good faith finds himself with the expense and trouble of treating it at the best or with a dead puppy at the worst.

BOARDING ESTABLISHMENTS ACT

This Act came into force in January, 1964, and requires that all kennels for the boarding of dogs and cats shall be licensed. Three kennels have been so inspected and licensed during the year.

DISPOSAL OF DEAD ANIMALS

When a pet dog or cat dies the disposal of the body sometimes presents a problem. This occurs particularly if the owner is aged or infirm or sometimes if the owner lives in a flat and burial in the garden is not possible. In the past the welfare societies have collected some of these animals but this service has now been discontinued. During the year I have discussed this problem with various people but as yet no solution has been found. I feel that it is a problem which must be solved. Apart from aesthetic and sentimental considerations there is a potential public health hazard in the absence of proper disposal facilities.

